

Psychiatric Security Review Board
Department Of Mental Health And Addiction Services
CONDITIONAL RELEASE MANUAL
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THE CONDITIONAL RELEASE MANUAL

This manual was collaboratively developed by the Department of Mental Health and Addiction Services (DMHAS) and the Psychiatric Security Review Board (PSRB). It is designed to assist community providers in understanding their responsibilities as they relate to persons who are committed to the jurisdiction of the PSRB and who are on conditional release. In addition to the Conditional Release Manual, other forms and applications are posted on the PSRB website (www.dmhas.state.ct.us/psrb).

GENERAL TERMS

- ◆ *Acquittee*

Any person who is found not guilty by reason of mental disease or defect pursuant to Section 53a-13 of the General Statutes¹ and placed under the jurisdiction of the PSRB by the Court, or any person who was found not guilty by mental disease or defect, or guilty but not criminally responsible, pursuant to Section 53a-13 of the General Statutes and who, on July 1, 1985, was subject to Court supervision pursuant to Section 53a-47 of the General Statutes, whose commitment to the PSRB has not been legally terminated.
- ◆ *Community Provider*

Person or agency designated by the PSRB to provide services or treatment to an acquittee while on conditional release.
- ◆ *Conditional Release*

Supervision and treatment provided on an outpatient basis as designated and ordered by the PSRB.² A conditionally released acquittee remains under the jurisdiction of the PSRB.
- ◆ *Memorandum of Decision/Conditional Release Order*

A legal document resulting from a hearing, allowing an acquittee to be on conditional release and outlining conditions for an acquittee to live safely in the community.
- ◆ *Conditional Release Supervisor*

The person or agency designated by the PSRB to supervise and routinely report to the PSRB on the progress of an acquittee and conformance by the acquittee and community providers to the Conditional Release Order.
- ◆ *Dynamic Risk Factors*

Factors about a person that increase the probability that a person will engage in dangerous behavior, which may be mitigated by treatment or other types of intervention. Examples are psychiatric symptoms and substance abuse.
- ◆ *Temporary Leave*

Any period of time authorized by the PSRB pursuant to Section 17a-587 of the General Statutes, during which an acquittee is off the grounds of Connecticut Valley Hospital for therapeutic purposes and is not necessarily accompanied by hospital staff.³

¹ For relevant sections of the General Statutes of Connecticut, see Section 7.2

² The PSRB will order placement with the Department of Mental Health and Addiction Services, or the Department of Mental Retardation

³ Or an acquittee is temporarily out of the custody of the Commissioner of Mental Retardation for therapeutic purposes

GENERAL TERMS

◆ *Treatment Plan*

Term used by community providers to document short and long term treatment goals and case management. May be named Individual Service Delivery Plan, Recovery Plan, Master Treatment Plan, Care Plan, etc.

NOT GUILTY BY REASON OF MENTAL DISEASE OR DEFECT DEFENSE

The Not Guilty by Reason of Mental Disease or Defect defense is deeply rooted in Western civilization's development of jurisprudence, in that persons not capable of knowing the difference between right and wrong at the time of the action, should not be held criminally culpable for their illegal actions. However, society maintains the right to ensure that such a person does not continue to engage in illegal behavior by providing treatment and supervision, which can result in his or her confinement and loss of liberty.

This philosophy is the basis for the Not Guilty by Reason of Mental Disease or Defect defense used in Connecticut today.^{1, 2} Criminal defendants successful in receiving a Not Guilty by Reason of Mental Disease or Defect verdict are subject to commitment to the jurisdiction of the PSRB, but receive care, custody and treatment from DMHAS, Department of Mental Retardation or others.

The current statutory language provides that a Not Guilty by Reason of Mental Disease or Defect plea be an "affirmative defense." That means that a defendant is presumed to be sane at the time of the crime, unless he or she proves by a preponderance of the evidence that, at the time he or she committed the prescribed act(s), he or she lacked "substantial capacity" as a result of mental disease or defect, to either: 1) appreciate the wrongfulness of his or her conduct; or 2) control his or her conduct within the requirements of law. The statute explicitly excludes the following conditions from the definition of mental disease or defect: 1) A mental disease or defect proximately caused by voluntary ingestion, inhalation or injection of drugs or alcohol; 2) An abnormality manifested only by repeated criminal or otherwise antisocial conduct; and 3) Pathological or compulsive gambling.

¹ Connecticut General Statutes, Section 53a-13

² For relevant sections of the General Statutes of Connecticut, see Section 7.2

PSRB

In 1985 the Connecticut General Assembly established the PSRB, an independent state agency charged with the statewide oversight and monitoring of a person found Not Guilty by Reason of Mental Disease or Defect (an acquittee). The PSRB's authority is codified in Connecticut General Statutes Sections 17a-580 through 17a-604.¹

The PSRB is composed of six members--a psychiatrist, a psychologist, a probation expert, an attorney, an expert in victim services or advocacy and a member of the community at large. All members are appointed by the Governor for four year terms upon the advice and consent of one house of the General Assembly.

The PSRB, through an adversarial administrative hearing procedure, determines the level of treatment and supervision required for an acquittee in order to ensure that the acquittee does not pose a danger to self or others. In order to fulfill this mandate, the PSRB, based on its legal findings on the danger that an acquittee constitutes due to his or her mental condition, has the authority to take the following actions on any case:

- ◆ Order confinement of an acquittee to a maximum-security inpatient setting (Whiting Forensic Division of Connecticut Valley Hospital)
- ◆ Order confinement of an acquittee for inpatient treatment (usually placed at the Dutcher Service of Connecticut Valley Hospital)
- ◆ Order transfer of an acquittee between the two above-mentioned facilities
- ◆ Grant the hospital Temporary Leave authorization for a confined acquittee
- ◆ Grant Conditional Release to an acquittee, and specify conditions for living in the community
- ◆ Revoke Conditional Release when an acquittee violates his or her Order or has a deterioration in mental status to the extent that he or she is a danger to self or others in the community
- ◆ Prepare reports to the Superior Court recommending whether an acquittee should be discharged or whether his or her commitment to the jurisdiction of the PSRB should be continued

As a statutory requirement and part of the monitoring of an acquittee, a report must be filed every six months with the PSRB. The PSRB sends these reports to the state's attorney, the acquittee's attorney and the acquittee. In addition to six-month reports, the PSRB receives routine progress reports from the Conditional Release Supervisor when an acquittee is living in the community on Conditional Release. The PSRB may also order special or more frequent reports, or order special evaluations.

The PSRB is required to hold a hearing to review the status of an acquittee at least once every two years. Other hearings are held when an application is filed for a change in an

¹ For relevant sections of the General Statutes of Connecticut, see Section 7.2

acquittee's status. The hearings are contested administrative hearings. The State's interests are represented by the state's attorney of the judicial district where the criminal trial was held. The acquittee is represented by counsel, and PSRB hearings cannot proceed without counsel's representation unless the acquittee has been approved to appear pro se. The majority of acquittees are indigent, and, therefore, represented by the Office of Public Defender.² The victim(s) of the acquittee's offense receive notification of the PSRB hearings and may appear to make a victim impact statement or mail in a written statement.

The PSRB registers acquittees who are acquitted of certain sexual offenses on the state sex offender registry, as required by "Megan's Law." The PSRB registers all acquittees on the Department of Public Safety Firearm Database. In addition, the PSRB is a participant in the No Contact Orders Registry.³

Psychiatric Security

Review Board

Members:

Robert B. Berger, Esquire, Chairman and Attorney
Susan Blair, Public Member with Victim Advocacy Experience
Sylvia Cancela, Public Member at Large
John Ryan, M.A., Expert in Probation/Parole Services
Vacant, Psychiatrist
Vacant, Psychologist

Address:

505 Hudson Street, 1st Floor
Hartford, CT 06106

Telephone:

(860) 566-1441

Fax:

(860) 566-1425

Beeper:

(800) 362-7243 Account # "112233" or "PSRB"

Office Staff:

Ellen Weber, Executive Director
Heidi Magro, Program Coordinator
Nancy Brayman, Executive Secretary
Adrienne Bonner, Secretary II

Website:

www.dmhas.state.ct.us/psrb

² The Office of Public Defender Psychiatric Defense Unit represents the majority of the acquittees, and is located at Connecticut Valley Hospital, telephone: (860) 262-5910

³ For relevant sections of the General Statutes of Connecticut, see Section 7.2

THE DMHAS CONDITIONAL RELEASE SERVICE UNIT (CRSU)

The CRSU is part of DMHAS, Division of Forensic Services. It serves as a link between the PSRB and Local Mental Health Authorities/agencies providing mental health and forensic services to acquittees on conditional release. The CRSU provides services that include:

- ◆ Representing the Commissioner of DMHAS and under the direction of Director of Forensic Services, in monitoring the services to individuals on Temporary Leave and Conditional Release to ensure compliance with relevant statutes and regulations.
- ◆ Reports to the PSRB
 - Reporting to the PSRB of any violation of the conditional release order, any deterioration in mental status, noncompliance with supervision requirements by community providers or any treatment noncompliance. This reporting responsibility exists concurrent with an identical reporting obligation of all community providers.
 - Preparation of special reports to the PSRB, as necessary.
- ◆ Forensic Training Services
 - Collaboration with the PSRB on scheduling and developing statewide training(s) to ensure that community providers understand the obligations when providing services to an acquittee.
 - Development of training on forensic issues to enhance the overall level of expertise and competence of community providers in serving forensic clients.
- ◆ Forensic/Mental Health Consultation
 - Interface with community providers during an acquittee's Temporary Leave and Conditional Release.
 - Consultation to community providers regarding emergency reporting procedures and emergency interventions.
 - Review of requests for modification to an acquittee's Conditional Release Order.
 - Ongoing consultation to Conditional Release Supervisors on such issues as development and review of treatment plans, risk management issues, PSRB regulations, and DMHAS policies to ensure compliance with treatment and statutory requirements.
 - Intervenes on issues concerning barriers to appropriate level of care and treatment in the community.

- ◆ Development of DMHAS Procedures for the Provision of Services to Acquittees
- ◆ Quality Assurance Management
 - Convene Temporary Leave and Conditional Release Supervisors, quarterly, to help standardize the delivery of services provided by DMHAS and DMHAS-funded agencies and ensure staff keep current with PSRB regulations and reporting requirements
 - Consult with the PSRB regarding changes and improvements in reporting documents, policies and delivery of services to acquittees

The preparation and implementation of these functions include:

- ◆ Ongoing contacts with the PSRB, Connecticut Valley Hospital, the acquittee's community providers and others, in order to collect legal, psychosocial and clinical information
- ◆ Ongoing communication and consultation with conditional release supervisors including:
 - Receipt of verbal and written emergency reports that have been provided to the PSRB by community providers
 - Receipt of any request for modification of the Conditional Release Order prior to submission to the PSRB
 - Receipt of Conditional Release Progress Reports and relevant data pertaining to an acquittee's treatment or compliance with PSRB mandates
 - Attendance at PSRB hearings and All Treaters Team Meetings
 - Receipt of requests for training and consultation
 - Review and assist in preparation of the testimony at PSRB hearings

Address: DMHAS Conditional Release Service Unit
Division of Forensic Services
Russell Hall, 2nd floor
P.O. Box 351
Middletown, CT 06457

Contact: Erin Leavitt-Smith, LPC, Director
Office: (860) 262-5879
Fax: (860) 262-5841
Beeper: (800) 946-4645 Pin# 860 820 8534
(860) 820-8534 (numeric page)
(This is also the after-hours # for the unit)
Email: Erin.Leavitt-Smith@po.state.ct.us

DMHAS-PSRB TRAINING

A mandatory half-day training session required for agency directors/designees, clinical supervisors and staff who provide community-based forensic treatment to PSRB acquittees. This training familiarizes community providers with the PSRB in order to:

- ◆ Understand the administrative, clinical and legal obligations and responsibilities of community providers when providing services to an acquittee
- ◆ Understand the history and development of the PSRB in Connecticut
 - Elements and use of the Not Guilty by Reason of Mental Disease or Defect defense, structure and mandate of the PSRB, and characteristics of the acquittee population in Connecticut
- ◆ Understand the administrative and legal structures that govern the PSRB in Connecticut
- ◆ Differentiate between the functions of DMHAS, Department of Mental Retardation and the PSRB in relation to public safety and the care, custody and treatment of an acquittee
- ◆ Understand the progression of an acquittee from maximum-security to a less restrictive hospitalization to Temporary Leave, Conditional Release, and discharge from the PSRB
 - Treatment stages and their goals, the role of DMHAS in collaboration with the PSRB, and function of the CRSU

Protocol:

- ◆ Each community provider must receive DMHAS-PSRB Training before an acquittee is placed on Conditional Release with that community provider
- ◆ It is the responsibility of the Conditional Release Supervisor to verify that all staff and agencies in need of training receive and submit a completed Registration for Training Form to the CRSU, and attend the training
- ◆ It is the responsibility of the supervising agency to maintain updated lists of the community providers and staff who: 1) have received training; 2) are in need of training; and 3) are scheduled to receive training
- ◆ The CRSU is responsible for maintaining a log of the attendees for each training session

Frequently Asked Questions*How often does the DMHAS-PSRB Training occur?*

Once every other month. Training may occur on as-needed basis as well.
See website for more information. www.dmhas.state.ct.us/psrb

How often do community providers have to attend DMHAS-PSRB Training?

Providers are encouraged to attend a “refresher course” every three to four years to remain current with PSRB regulations and obligations.

Why are agency directors/designees and clinical supervisors required to attend DMHAS-PSRB Training?

This training provides an opportunity for agency directors and clinical supervisors to understand the extent of the agency’s commitment in providing services to PSRB acquittees. It allows for appreciation of the complexities of the role of a Conditional Release Supervisor and allows for understanding of the consequences of violating PSRB Orders.

PSRB ACQUITTEE INFORMATION PACKET

A set of historical, current clinical and legal documents concerning an acquittee, which is assembled and updated by the Dutcher Service of the Whiting Forensic Division of Connecticut Valley Hospital and distributed to relevant community providers with the authorization of the acquittee. These documents provide the essential, relevant and up-to-date information about an acquittee, which is needed for clinical assessment, treatment planning, risk assessment and risk management purposes.

This information packet is not meant to substitute for a review of the acquittee's medical record.

Content:

- ◆ All available arrest/police reports/applications for warrants concerning the crime(s) that brought the acquittee under the jurisdiction of the PSRB, and any offenses committed after the commitment
- ◆ Reports prepared by defense and prosecution experts at time of trial, if available
- ◆ Whiting Forensic Division 45-day evaluation report to the Court
- ◆ Demographic data
- ◆ Diagnosis/Current medications
- ◆ Summary of significant laboratory test findings
- ◆ Previous psychological testing reports
- ◆ Documents containing a history of violence toward self/others
- ◆ Reports or summaries of incidents involving AWOLS, positive drug/alcohol screens
- ◆ All previous six-month reports to the PSRB
- ◆ All previous Memoranda of Decision from the PSRB
- ◆ Reports by outside experts prepared for PSRB hearings by any party, if available
- ◆ Releases of Information to the receiving Local Mental Health Authority, the CRSU, and relevant community providers Any other documents that may be helpful in providing quality treatment and protecting public safety

Frequently Asked Questions

When should community providers obtain the PSRB Acquittee Information Packet and why is it important to become familiar with its content?

Involved community providers should get the initial PSRB Acquittee Information Packet when it is agreed by Connecticut Valley Hospital and community providers to begin discussing and planning for the first Temporary Leave. As the process continues and new community providers are added during the planning for Conditional Release, they shall also be given a copy of the packet. Updated information shall be provided to all parties by the hospital. This information is essential for risk assessment, risk management and the provision of clinical services.

For acquittees who have not had Temporary Leaves and go directly to Conditional Release, the PSRB Acquittee Information Packet is provided early in the Conditional Release discussion and planning process.

CONDITIONAL RELEASE

The placement of an acquittee in the community with requirements for treatment and supervision. Conditional Release is ordered when an acquittee still has a psychiatric disability or is mentally retarded and a danger to self or others but no longer requires confinement in an inpatient setting. Treatment and supervision in the community is recommended by Connecticut Valley Hospital (CVH), the acquittee or other party, and is determined by the PSRB to be adequate to prevent an acquittee from being dangerous.

Protocol:

- ◆ Prior to Conditional Release, an acquittee typically begins the transition process through the use of Temporary Leaves. This includes beginning with small, incremental Temporary Leaves, such as day visits with family or community outings with community providers. Temporary Leaves usually culminate in a transitional Temporary Leave, in which the acquittee lives in the community up to seven days per week and returns to CVH once per week for clinical assessment. Transitional Temporary Leave allows CVH and community providers to assess an acquittee's adjustment to community living and determine when an acquittee is clinically ready for Conditional Release.
- ◆ Once it is determined by the CVH treatment team and the identified community providers that an acquittee would not pose a danger to self or others if conditionally released under certain conditions of treatment and supervision, the hospital and community providers develop a conditional release plan and submit a Conditional Release Application¹ to the PSRB.
- ◆ The CVH treatment team should present to community service providers its recommendations for clinical needs, structured activities, supervision and monitoring that it deems necessary for an acquittee's safe transition to Conditional Release. Community providers should present their assessment of needs to the CVH treatment team, as well as questions about progresses and accomplishments in the management of static and dynamic risk factors through the different stages of hospitalization. Community providers should present any concerns they may have in regard to management of risk in the community, access and availability of services and resources in the community.²
- ◆ Together, CVH and community providers develop a comprehensive plan that may include, but is not limited to, the following:
 - Conditional Release supervision
 - Supervision by the Office of Adult Probation
 - Residential plan
 - Mental health treatment plan

¹ See Appendix A, Forms, Conditional Release Application

² Please refer to the *Dutcher Service Policy and Procedure Manual*

- Visits to the acquittee's residence
 - Substance abuse treatment
 - Screenings for drug and alcohol use
 - Primary health care provider
 - Vocational or educational plans
 - Leisure time activities
 - Internet access
 - Marital and family situation
 - Prohibited contact
 - Restrictions on movement
 - Recommendations for operating a motor vehicle
 - Sources of income
 - Budgeting assistance
 - Whether the person has a conservator
 - Out-of-state travel
 - Emergency plans
 - Six-month reporter
 - Other special conditions that are deemed necessary for a safe transition to the community
- ◆ Any disagreement between community providers and the CVH treatment team will be worked out as the Conditional Release Application is developed. If there is an impasse, the Dutcher Service treatment team and community providers should discuss the issues with the Consulting Forensic Psychiatrist who is following the acquittee's case. If after discussion with the Consulting Forensic Psychiatrist there continues to be disagreement, the treatment team and community providers may request that the issues be brought to the DMHAS Transition Services Manager, who may contact the DMHAS Regional Manager. The treatment team should also alert the Dutcher Service Program Manager and Dutcher Service Medical Director as to what the issues are and how they are being addressed. This process is flexible and depends on the case and the issues involved. On those rare occasions when it is needed, further review and consultation may be obtained from the CVH Forensic Review Committee and the DMHAS Division of Community Services and Hospitals.
- ◆ After the plan is developed, the Executive Director of each community agency named in the application shall be given a copy of the completed application and will sign a Conditional Release Application Community Provider Approval Form, specifying the services the agency is committed to providing, as indicated in the Conditional Release Application.
- ◆ When the Conditional Release Application is complete with all necessary signatures and Conditional Release Application Community Provider Approval Forms, the hospital shall submit the application, the approval forms and the required written clinical report to the PSRB.

- ◆ Once the Conditional Release Application is received, the PSRB shall schedule a hearing within 30 to 60 days.
- ◆ At the time of the hearing, typically CVH and the Consulting Forensic Psychiatrist of DMHAS will provide testimony regarding the application; however, key community providers are expected to be at the hearing to answer any questions or to provide testimony about programs and services that their programs will provide. Community providers should utilize the CRSU for consultation on issues related to risk management, treatment and testimony preparation.
- ◆ The PSRB will issue a written Order in the form of a Memorandum of Decision within 25 days of a decision. The PSRB will send out the finalized Memorandum of Decision to the acquittee, attorneys and all community providers named in the application, as well as conservator(s), victim(s) and any person(s) who have submitted a request to receive the Memorandum of Decision.

Frequently Asked Questions

When should community providers start attending the treatment team meetings at the Dutcher Service, and why?

As soon as possible after the catchment area has been designated. Even when an acquittee is hospitalized in maximum-security at the Whiting Forensic Division, such early community involvement, even if infrequent, fosters hope and motivation for recovery. It is very important to build early familiarity with the case, follow the acquittee's progress and anticipate the needs for future community resources, interventions and supervision in the community.

CONDITIONAL RELEASE IMPLEMENTATION MEETING

A meeting that takes place between CVH, a representative of the PSRB, a representative of the CRSU, community providers, and the acquittee to review the Memorandum of Decision ordering Conditional Release.¹ The purpose of the Conditional Release Implementation Meeting is:

- ◆ To review the Conditional Release Order with the acquittee and community providers so all parties understand the conditions under which the acquittee is being released and the community providers' responsibilities to the acquittee and the PSRB
- ◆ To have the acquittee sign the acknowledgement of his or her understanding and acceptance of the terms of Conditional Release
- ◆ For the representative of the PSRB to distribute the following materials to the Conditional Release Supervisor:
 - Conditional Release Progress Report Form (computer disc and hard copy)
 - Application for Out-of-State Travel Form
 - Emergency Plan for Acquittees on Conditional Release Form

Protocol:

- ◆ Once CVH receives a copy of the Memorandum of Decision issued by the PSRB ordering Conditional Release, the Unit Director or designee shall arrange a meeting² among the following participants:
 - The acquittee^{3, 4}
 - The CRSU
 - Agencies specified in the Conditional Release Order, including the Conditional Release Supervisor
 - CVH personnel
 - The Department of Mental Retardation, as needed
 - Any other person deemed necessary for the proper implementation of the Conditional Release Order
 - The PSRB
 - The Office of Forensic Evaluations
- ◆ At the meeting, the Unit Director or designee shall read the Conditional Release Order, and a PSRB representative shall be present to clarify any conditions or answer any questions regarding the Conditional Release Order

¹ As warranted, a representative of the Department of Mental Retardation participates in this meeting

² The acquittee shall be given notice of the meeting

³ The acquittee may request that his or her legal representative be present

⁴ And/or anyone whose presence may be requested by the acquittee

- ◆ Once the Conditional Release Order is read, the acquittee shall sign the signature page stating his or her understanding and acceptance of the conditions of his or her release
- ◆ The Conditional Release Supervisor shall schedule the first All Treaters Team Meeting for one month following the acquittee's discharge

Frequently Asked Questions

If there is only one representative of each agency providing community services present at the Conditional Release Implementation Meeting, how do other community providers become familiar with the Conditional Release Order?

It is the responsibility of each agency representative present at the meeting to meet with other community providers to review the Conditional Release Order with them. It is the responsibility of the Conditional Release Supervisor to verify that all community providers are familiar with the Conditional Release Order.

EMERGENCY PLAN FOR ACQUITTEES ON CONDITIONAL RELEASE

A personal data and contacts form that is part of the Conditional Release Application and, after Conditional Release has been granted, remains in the client's community medical record. The form facilitates voluntary or involuntary hospital admissions, and emergency reporting to the PSRB and CRSU.

Protocol:

- ◆ When preparing the Conditional Release Application, an Emergency Plan for Acquittees on Conditional Release should also be completed (*See Sections 3.2, Conditional Release, and 5.1, Emergency Reporting Procedures; and Appendix A, Forms, Emergency Plan for Acquittees on Conditional Release*). This emergency plan should include the following information:
 - Name and address of acquittee
 - Name and phone number of conditional release supervisor
 - Acquittee's insurance information
 - Telephone and beeper number for the PSRB
 - Telephone and beeper number for the CRSU
 - Other emergency numbers that the acquittee and the agency may use for notification within the agency
 - Pre-authorization procedure for hospitalization
- ◆ After the Conditional Release Application has been granted by the PSRB, and the acquittee has been discharged from CVH, the Conditional Release Supervisor is responsible for the update of the Emergency Plan for Acquittees on Conditional Release, its incorporation into the acquittee's records, its review during the All Treaters Team Meetings, its transmission to the PSRB and the CRSU after each review and update, and its transmission to the relevant community providers. The Conditional Release Supervisor is responsible to verify that updated releases of information are present in the acquittee's records.

CONDITIONAL RELEASE SUPERVISOR

The agency or person designated by the PSRB to supervise and report to the PSRB on the progress of an acquittee and compliance by the acquittee to the Conditional Release Order. The agency designated to provide the Conditional Release Supervisor function shall:

- ◆ Designate an experienced clinician to provide conditional release supervisory services
- ◆ Allocate resources and manage workload in light of required tasks
- ◆ Provide backup and interim coverage by clinical staff who are knowledgeable with regard to the agencies' responsibilities
- ◆ Consider whether there are conflicts of roles with the staff who perform both therapeutic and monitoring functions
- ◆ Provide clinical and administrative supervision and support
- ◆ Maintenance of forensic records

Conditional Release Supervisors are responsible for the following:

Monitoring

- ◆ Ensuring that community providers understand the history, risk factors and clinical picture of an acquittee
- ◆ Review the forensic packet and the medical record
- ◆ Be actively involved in the preparation/planning of Temporary Leaves and Conditional Release
- ◆ Attend PSRB hearings
- ◆ Participate in the development and review of treatment plan(s)
- ◆ Consult with the CRSU¹ on treatment plans, as necessary
- ◆ Facilitate the coordination of treatment and monitoring, as well as the circulation of information, among community service providers
- ◆ Monitoring of an acquittee's compliance with treatment and the Conditional Release Order
- ◆ Supervision meetings with the acquittee, as outlined in the Conditional Release Order
- ◆ Coordination and chairing of All Treaters Team Meetings (*See Section 4.7, All Treaters Team Meeting*)²

¹ Or the Regional Director or Forensic Service Director of the Department of Mental Retardation

- ◆ Receive reports from all community providers of any change in staff providing services to an acquittee, including interim coverage, acquittee's compliance with the conditions of the Conditional Release Order or program rules and any changes in treatment needs, medications, diagnosis or change in mood or behavior
- ◆ Consultation with the CRSU³ on matters, including unresolved issues in the planning process of Conditional Release, change in treatment services, prospective organizational changes, treatment plan(s) or modification of Conditional Release

Reporting

- ◆ Routine reporting includes:
 - Preparation and timely submission of Conditional Release Progress Reports to the PSRB (*See Section 5.2, Conditional Release Progress Report*)
 - Provision of a written report to the PSRB in the event there is a change in the acquittee's psychiatric diagnosis
- ◆ Emergency reporting to the PSRB^{4,5} includes, but is not limited to, the **immediate** reporting to the PSRB of the following:
 - Violation of an acquittee's Conditional Release Order
 - Any change in mental status
 - Noncompliance with supervision requirements or service provisions by community providers
 - Any treatment noncompliance
 - Positive screening for alcohol or illicit drug(s) (*See Section 5.1, Emergency Reporting Procedures*)
- ◆ Routine and emergency reporting to the CRSU⁶ includes the following:
 - Report to the CRSU on the adequacy of the acquittee's conditions of treatment with regard to his or her treatment needs and the stipulations of his or her Conditional Release Order
 - Notification of any significant meeting regarding the acquittee (including treatment plan reviews and case conferences)

² In the case of Department of Mental Retardation, this is accomplished through its quarterly meetings

³ Or the Regional Director or Forensic Service Director of Department of Mental Retardation

⁴ Department of Mental Retardation will report events that are outside of an acquittee's behavioral plan

⁵ The Conditional Release Supervisor must verify that other community providers are aware of and have emergency protocols for reporting to the PSRB

⁶ In the case of Department of Mental Retardation, the Conditional Release Supervisor does not report to the CRSU, but, instead, to the Regional Director or Forensic Services Director of Department of Mental Retardation

- Copies of all written reports requested by the PSRB (e.g. evaluations, assessments), Conditional Release Progress Reports, Application for Modification of Conditional Release, Application for Out-of-State Travel, etc.
- Communication of all written and verbal reports to the PSRB, including emergency reporting (*See Section 5, Reporting*)
- ◆ Regular and emergency reporting to the supervising agency/Local Mental Health Authority. This includes keeping the agency supervisor, back up, and emergency services informed of an acquittee's progress and potential problems and/or crises.

Training

- ◆ Ensuring that community providers understand PSRB rules, emergency reporting protocol and agency mandate. This requires that the Conditional Release Supervisor contact the PSRB for clarification of its rules as needed, and the Conditional Release Supervisor and other community providers participate in the DMHAS-PSRB Training and workshops.
- ◆ Ensuring that community providers understand DMHAS⁷ policies and procedures as they apply to the delivery of services to an acquittee on Conditional Release. This requires that the Conditional Release Supervisor:
 - Participate in forensic trainings
 - Participate in appropriate workshops
 - Receive supervision within the agency
 - Consult with the CRSU⁸
- ◆ Providing the CRSU with ongoing information regarding training needs

Applications

- ◆ Submission of Application for Modification of Conditional Release and Application for Out-of-State Travel to the PSRB after consultation with the CRSU (*See Section 4.8, Application for Modification of Conditional Release and Section 4.9, Out-of-State Travel*).

Testimony

- ◆ Provide testimony at PSRB hearings, as required

⁷ Or Department of Mental Retardation

⁸ Or the Regional Director or Forensic Service Director of Department of Mental Retardation

Frequently Asked Questions

Is the Conditional Release Supervisor the one who does all emergency reporting to the PSRB and the CRSU?

No. The PSRB expects that whoever observes a violation or deterioration in mental status report to the PSRB. The person providing the initial report may not be the person doing the follow up reporting and should call the supervising agency/Conditional Release Supervisor as soon as possible.

PROBATION SUPERVISION

Supervision and monitoring by the Court Support Services Division (Office of Adult Probation) provided at a level deemed necessary by that office and the PSRB. The PSRB may designate the Office of Adult Probation as a Conditional Release Supervisor.

Protocol:

- ◆ During the planning for Conditional Release, CVH and community providers will make a recommendation as to whether an acquittee requires probation supervision.
- ◆ If recommended, CVH shall make a referral to the Office of Adult Probation.
- ◆ When designated as a Conditional Release Supervisor, the Office of Adult Probation will rely on community providers to assist in obtaining the necessary information to submit the Conditional Release Progress Report.¹
- ◆ Community providers should develop a relationship with the Office of Adult Probation (whether the probation officer is the Conditional Release Supervisor or not), as the probation officer may observe behavioral changes/differences from a supervisory/monitoring perspective and have expertise in doing random drug and alcohol screens, searches and employment disclosure. The Office of Adult Probation should be invited to All Treaters Team Meetings and should be considered an integral part of the community provider team.

¹ A valid Release of Information between the Office of Adult Probation and the community mental health provider will be present in the acquittee's medical record

TREATMENT PLAN

An individualized plan developed in collaboration with community providers, the Conditional Release Supervisor and the acquittee that promotes recovery and community reintegration by addressing the acquittee's social, mental health and substance abuse needs in the context of an effective risk management plan.

Treatment planning is an ongoing, continuous process. Community providers should begin the process of developing treatment plans that include an individualized risk management plan as an acquittee participates in treatment and services in preparation for Conditional Release. The treatment plan should identify specific clinical and risk management issues, and the corresponding interventions to address these issues, as well as short-term and long-term goals and objectives of those interventions. An effective treatment plan should identify:

- ◆ The clinical needs of an acquittee
- ◆ The risk factors for dangerous behavior and protective factors
- ◆ Clinical interventions to manage risk factors and meet clinical needs
- ◆ The clinical and legal obligations and responsibilities of community providers

Frequently Asked Questions

Since the Conditional Release Order includes stipulations regarding monitoring and treatment, would it be possible to use this document in lieu of a treatment plan?

No, the Conditional Release Order only identifies mandated services and does not address the clinical issues to be addressed in the provision of these services. For example, the clinical issues and risk management issues to be addressed in individual therapy need to be specifically delineated along with the designation of short-term and long-term goals in a treatment plan.

Can I develop a treatment plan that includes an individualized risk management plan utilizing my agency's current treatment plan or is there a special treatment plan form to follow?

Yes, you may use the agency's form. The CRSU can be utilized for consultation on integrating forensic issues and risk management plans into the agency treatment planning form.

MEDICATION MONITORING

For risk management and clinical purposes, community providers may observe the taking of medication by an acquittee through the use of face-to-face direct observation, medication box counts, blood draws, etc.

Protocol:

- ◆ During the initial planning stages for Conditional Release, an assessment should be made by CVH and community providers as to whether an acquittee requires medication monitoring, and, if so, at what level. Not every acquittee will need to have his or her medications monitored; however, this should be based on a thorough assessment of clinical and risk management needs.
- ◆ The intensity of medication monitoring is designed to meet the acquittee's risk management needs. It can include direct face-to-face observation and random blood draws to monitor serum levels.
- ◆ The PSRB will order the specified level of medication monitoring as proposed in the Conditional Release Application or will order the level of medication monitoring that the PSRB deems necessary for public safety and risk management.

ASSESSMENT OF JOB/VOLUNTEER SITES

A thorough assessment and careful planning allows community providers and an acquittee to identify individual clinical and risk issues pertinent to locating and maintaining appropriate employment or volunteer work. Community providers must collaborate in the thorough assessment of an acquittee's vocational interests, relevant skills and abilities, and necessary clinical and risk issues. Below is a list of factors that should be assessed when planning for an acquittee's eventual employment/volunteering:

- ◆ Is the location and surrounding neighborhood safe and appropriate for an acquittee?
- ◆ Is the locale excluded by law, Memorandum of Decision, or because of an acquittee's risk factors?
- ◆ Does the locale expose an acquittee to undue community scrutiny?
- ◆ Is transportation readily available to get to and from the job/volunteer site?
- ◆ Does the job/volunteer site allow access to prohibited items, such as:
 - Weapons, (including firearms, knives, air guns, defensive weapons, mace/pepper spray, etc.)?
 - Alcohol or drugs (including over-the-counter medications)?
- ◆ Is out-of-state travel required?
- ◆ Are there bonding or licensing requirements?
- ◆ How will the job/volunteering affect an acquittee's need to meet treatment and other requirements?

DISCLOSURE IN VOCATIONAL/VOLUNTEER AND NON-TREATMENT SETTINGS

Disclosure in vocational/volunteer settings involves the reporting of legal information to a prospective employer/volunteer site regarding an acquittee's status under the PSRB after an assessment of a potential job/volunteer site. The PSRB requires that an acquittee's legal status (i.e., that an acquittee is under the jurisdiction of the PSRB) be shared with an employer. Note that:

- ◆ Commitment to the PSRB is a matter of public record
- ◆ If a criminal record check is run on an acquittee, it will reveal a Not Guilty by Reason of Mental Disease or Defect finding and the charges for which he or she was acquitted

When informing an employer of an acquittee's PSRB status, ideally an acquittee should provide this information with the support and assistance of his or her community providers, as needed. An acquittee and community providers should "role play," providing such information and fielding questions. Information should be provided in accordance with the following requirements and guidelines:

- ◆ The Conditional Release Supervisor or another community provider may be present when an acquittee's PSRB status is explained to the prospective employer if deemed necessary and clinically appropriate.
- ◆ The employer must be told who to call if there are any questions or problems. The employer should be given names and phone numbers of the designated community provider.
- ◆ The employer must be told that someone from the community will be contacting them at least once per month and may be making visits to the job site to check on an acquittee's attendance, work performance, etc.
- ◆ If the employer asks why an acquittee is under the PSRB, explain that an acquittee committed a crime:
 - Explain, in general terms, what the PSRB is;
 - An acquittee has received and continues to receive treatment;
 - An acquittee is considered able to be safely and effectively treated in the community.
- ◆ Prior to disclosure, community providers, along with the acquittee, should discuss and consider what details of the offense will be shared with the employer, if asked.
- ◆ Confidential psychiatric and medical information may not be released unless there is written consent by the acquittee.

- ◆ The acquittee should prepare and practice a response in the event that he or she is asked for more information than he or she feels comfortable revealing.

An acquittee will often face questions concerning his or her status under the PSRB in a variety of contexts. Therefore, it is important for an acquittee to learn how to deal with such questions and to feel as comfortable as possible in disclosing.

Community providers may discuss the clinical and risk issues involved in an acquittee's case and the extent to which it is clinically relevant to provide information about an acquittee to non-community providers.

An acquittee and community providers should "role play," providing such information and fielding questions. This includes ongoing support and assistance in providing information to interested parties.

- ◆ An acquittee, with the support or assistance of community providers, will inform non-community providers that he or she is under the jurisdiction of the PSRB, as determined appropriate by his or her Conditional Release Supervisor.
- ◆ The Conditional Release Supervisor or another community provider may be present when an acquittee's PSRB status is explained, if deemed clinically appropriate.
- ◆ Prior to disclosure, community providers, along with the acquittee, should discuss and consider what details of the offense will be shared if asked.
- ◆ An acquittee should prepare and practice a response in the event that he or she is asked for more information than he or she feels comfortable revealing.
- ◆ Community providers need to be aware of the therapeutic ramifications of such disclosures and provide the appropriate clinical forum to work on these issues.

ALL TREATERS TEAM MEETING

A periodic community-based meeting of the acquittee, involving community providers, and representatives of the PSRB and the CRSU. To maintain safe and effective treatment of acquittees on Conditional Release, the All Treaters Team Meeting assists in:

- ◆ Ongoing assessment of risk management issues, treatment, compliance with conditions of the treatment plan and Conditional Release Order, and review of forensic issues
- ◆ Coordination of community provided services
- ◆ Discussion of any proposals for modifications of the treatment plan and Conditional Release Order
- ◆ Review of reporting requirements

Prior to the All Treaters Team Meeting, the Conditional Release Supervisor is responsible for the following:

- ◆ Development of an agenda for the meeting
- ◆ Determination of a location and time for the meeting
- ◆ Notification of the time and place of the meeting, with at least two-weeks notice to all attendees
- ◆ Obtaining confirmation of attendance
- ◆ Obtaining relevant information from parties who cannot attend
- ◆ Preparing the acquittee for the meeting (i.e., reviewing agenda, asking for acquittee's input on agenda)

The Conditional Release Supervisor chairs the All Treaters Team Meeting, and is responsible for the implementation of its protocol:

- ◆ Distribution of the agenda
- ◆ Circulation of a sign-in sheet
- ◆ Brief update by each community provider on the acquittee's compliance and progress in his or her recovery
- ◆ Discussion regarding any proposed modifications of Conditional Release, clinical and risk management issues, and forensic treatment plan
- ◆ Presentation by the acquittee of any item he or she has scheduled on the agenda
- ◆ Review of the Conditional Release Order in the presence of the acquittee, as needed
- ◆ Update of the Emergency Plan for Acquittees on Conditional Release

- ◆ Determining on clinical or administrative grounds, when the acquittee should be present during the meeting
- ◆ Documenting the meeting in the acquittee's chart and the Conditional Release Progress Report to the PSRB, and verifying that the master treatment plan will be revised to reflect any clinical change initiated during the All Treaters Team Meeting
- ◆ Scheduling of the next meeting

Frequently Asked Questions

How do you prepare the acquittee for the All Treaters Team Meeting?

By discussing the upcoming agenda, asking for the acquittee's input into the agenda and whether or not the acquittee is planning on inviting his or her legal advocate or another individual to the meeting.

What is the role of the acquittee at the All Treaters Team Meeting?

The All Treaters Team Meeting is a forum for the acquittee to be heard regarding forensic and treatment issues. The acquittee's role is to ask any questions regarding his or her treatment, Conditional Release Order or other issues, bring his or her concerns to the table and comment on any community providers' presentation of his or her adjustment in the community.

Does the All Treaters Team Meeting differ from a Treatment Plan Review Meeting?

Yes. A treatment plan review meeting is established on a schedule for purely clinical reasons. The nature and function of a treatment plan review meeting may be a standard of JCAHO practice or any other accrediting body. The All Treaters Team Meeting can occur at any time and be scheduled for purely forensic reasons. Certain recommendations can overlap and be incorporated in the Treatment Plan Review Meeting and All Treaters Team Meeting.

Who should attend?

The goal is to have all significant community providers for the acquittee and the acquittee attend on a regular basis.

What should the Conditional Release Supervisor do when a confirmed attendee does not show up?

A good precaution is to talk with each attendee prior to the meeting and have some knowledge about what each community provider will present, which can then be presented in the event that the community provider does not show up. The Conditional Release Supervisor should follow up after the meeting with a call to that community provider.

Should the Conditional Release Supervisor write and distribute minutes of the All Treaters Team Meeting?

This is optional and depends on the issues being discussed. It is left to the discretion of the Conditional Release Supervisor.

Can the acquittee invite any individuals (family members, legal counsel) that he or she wants?

Yes. The acquittee should be encouraged to do so based on issues being discussed.

How long should an All Treaters Team Meeting last?

No longer than one hour. It is the responsibility of the Conditional Release Supervisor to chair the meeting.

APPLICATION FOR MODIFICATION OF CONDITIONAL RELEASE

A request made in writing to the PSRB to modify the conditions of an acquittee's conditional release by adding, changing or discontinuing conditions in his or her Conditional Release Order.

Protocol:

- ◆ Community providers determine that the clinical and risk management needs of an acquittee have changed. For instance, an acquittee may become eligible for a less restrictive residency program, an increase in the self-administration of his or her medications, or a change from a day treatment program to a vocational/rehabilitation program, probation supervision may be needed, increased frequency for monitoring or supervision may be needed.
- ◆ When community providers consider a modification, the Conditional Release Supervisor coordinates the preparation and filing of an Application for Modification of Conditional Release with the CRSU prior to submission addressed to the PSRB; however, any community provider may file an application. The application should include the following:
 - How have the acquittee's needs changed?
 - What clinical benefits are expected to occur through this modification?
 - Why is the acquittee clinically and functionally ready for the modification?
 - Why would the requested change not have a negative impact on the level of risks, based on the acquittee's history and risk management considerations?
 - How would the modification include interventions, allowing for monitoring of the acquittee's adjustment to the modification?
 - Do the other community providers support the modification?
- ◆ The PSRB will hold a hearing on the Application for Modification of Conditional Release within 30-60 days of the receipt of the application, which can be a contested hearing or a stipulated hearing. The process is as follows:
 - The PSRB receives the Application for Modification of Conditional Release and sends a copy of the application to the state's attorney and acquittee's counsel
 - The state's attorney and acquittee's counsel review the materials and have 14 days to decide whether they require testimony presented on the application
 - The PSRB can also decide to hold a contested hearing

- ◆ If a contested hearing is held, the acquittee's Conditional Release Supervisor and other community providers may be required to testify. If a stipulated hearing is held, the PSRB relies on the administrative record and the application to make its decision and testimony is not required. When a decision is made, the PSRB will issue a Memorandum of Decision.

Frequently Asked Questions

What is the role of the CRSU in this process?

The CRSU is available for consultation and will review the application before it is sent to the PSRB. A copy of the application submitted to the PSRB should be sent to the CRSU.

Should an Application for Modification of Conditional Release be discussed during the All Treaters Team Meeting?

Yes. This provides all persons and agencies involved in treating and supervising the acquittee with the opportunity to be aware of, and to comment on the proposed modification.

What happens when a consensus regarding the appropriateness of the modification cannot be reached among community providers?

The Conditional Release Supervisor will make every effort to assist community providers in addressing their concerns regarding a proposed modification. If a consensus cannot be reached, the Conditional Release Supervisor will consult with the CRSU to determine whether a modification request should be submitted to the PSRB.

What happens when an acquittee wants to apply for a modification that is not supported by community providers?

The acquittee should be directed to his or her legal counsel. The acquittee has the right to file an Application for Modification of Conditional Release.

In addition to the Conditional Release Supervisor and the acquittee, who can apply for a modification?

Any individual or agency named in the acquittee's Conditional Release Order, state's attorney, legal counsel and the PSRB.

OUT-OF-STATE TRAVEL

Permission granted to a conditionally released acquittee to travel out of the state of Connecticut under specific conditions. Conditionally released acquittees may travel out-of-state to attend recreational or treatment activities.

Protocol:

- ◆ The acquittee shall notify his or her Conditional Release Supervisor in advance of the trip, and the Conditional Release Supervisor will complete an Application for Out-of-State Travel (*see Appendix A, Forms, Application for Out-of-State Travel by Conditionally Released Acquittees on Conditional Release*).
- ◆ The Conditional Release Supervisor shall submit the completed application to the PSRB at least four weeks in advance of the proposed trip to allow time for scheduling on the PSRB meeting agenda.
- ◆ If the request is for ongoing travel out of the state, it will require an Application for Modification of Conditional Release, which may be handled at a stipulated hearing.
- ◆ The PSRB will issue and send its written decision to all named parties and the acquittee within 25 days of a decision being rendered.
- ◆ The Conditional Release Supervisor will document the use of the out-of-state travel in the Conditional Release Progress Report.

Frequently Asked Questions

In addition to what is asked for in the Application for Out-of-State Travel, what information may be included in the application?

Any relevant information which may aid the PSRB in determining if the request is clinically appropriate, beneficial and not a public safety risk. For instance, the report has been reviewed and supported by community providers and the acquittee is clinically/functionally prepared. This travel would be clinically beneficial to the acquittee. There have been preparatory contacts with the family members the acquittee wishes to visit; family members are willing to abide by the conditions of the Conditional Release Order (i.e., regarding access to weapons, alcohol, etc.)

If a community agency has regular out-of-state day recreational trips, does the agency have to submit an Application for Out-of-State Travel for each trip?

Yes, however, community agencies can request a standing order for out-of-state day recreational trips. Community agencies should identify any ongoing out-of-state day recreational trips in the initial Conditional Release Application.

EMERGENCY REPORTING PROCEDURES

Reporting to the PSRB violations of the Conditional Release Order, changes in mental status, increase in level of risk or changes in services to be provided. This allows the PSRB to make legal decisions to ensure public safety based on the reports provided as to the danger an acquittee constitutes to himself or herself or the community.

Protocol:

- ◆ All community providers must immediately report to the PSRB:
 - Violation of the Conditional Release Order
 - Treatment or medication noncompliance
 - Changes in mental status
 - Positive toxicology screen for alcohol or drugs
 - Possession or access to any weapons
 - Violation of the law
 - Association with known criminals
 - Change in level of intensity of services to be provided
- ◆ Community providers must have internal protocols in place for reporting to the PSRB and the CSRU when there is a violation, change in mental status or in the acquittee's level of risk. When making emergency reports to the PSRB, proceed as follows:
 - During regular business hours, call the PSRB at (860) 566-1441
 - DO NOT LEAVE A VOICEMAIL MESSAGE - If you get voicemail, call the beeper service
 - During non-business hours, call the PSRB beeper service at (800) 362-7243 and ask for account number "112233" or "PSRB"
 - During regular business hours, call Erin Leavitt-Smith at 860-262-5879 or by beeper at 860-820-8534
 - During non-business hours, utilize the beeper service at (800) 946-4645 pin # 860-820-8534
- ◆ When presenting an emergency report to the PSRB and the CRSU, provide the following information:
 - Acquittee's name
 - Your name
 - Your agency's name
 - Telephone number where you can be reached

- Issue being reported
- Recommendation for intervention
- Plans for the assessment of the acquittee by a licensed professional
*If the caller will not be conducting the assessment,
provide the name and telephone number of the agency
or person who will be doing the assessment and follow-
up communication with the PSRB.*
- Report the results of the assessment and any recommendations for intervention to the PSRB and CRSU.
- A PSRB decision overrides any clinical plan recommended, but is not intended to interfere with the acquittee's receiving proper medical and psychiatric treatment in the event of an emergency

Frequently Asked Questions

Since I have reported the incident to the PSRB, why should I also report to the CRSU?

The PSRB and the CRSU have different functions and responsibilities.¹
In order to fulfill its functions and responsibilities on behalf of the Commissioner of the DMHAS, the CRSU needs to be notified of any emergency reporting made to the PSRB.

¹ For a review of these functions and responsibilities, see Section 1.4, PSRB, and Section 1.5, CRSU

CONDITIONAL RELEASE PROGRESS REPORT

Standardized form developed by the PSRB and periodically completed by Conditional Release Supervisors to report on an acquittee's compliance and adjustment in the community to the PSRB. This allows the PSRB to monitor an acquittee's compliance with the conditions of his or her release, and community providers' compliance with their obligations under the Memorandum of Decision and relevant state and statutory requirements.

Protocol:

- ◆ The Conditional Release Supervisor will file a completed Conditional Release Progress Report with the PSRB **at the end of each reporting period**. The Conditional Release Supervisor will have to perform the following functions:
 - Contact all named community providers and acquittee's employer each month to ascertain compliance by the acquittee and community providers with an acquittee's Conditional Release Order
 - Confirm diagnostic and medication information
 - Document random drug/alcohol screens dates and results with attached lab reports, if applicable
 - Document dates of meeting with psychiatrist
 - Document dates of meetings with individual therapist if such treatment is ordered
- ◆ The Conditional Release Supervisor shall forward a copy of the Conditional Release Progress Report to the CRSU¹ and other community providers named in the Conditional Release Order.

¹ Or Department of Mental Retardation

SIX-MONTH REPORT

A written report mandated by statute and submitted to the PSRB every six months, regarding the mental condition, mental status and course of treatment of an acquittee. The report addresses the acquittee's progress, compliance with conditions of release, and adjustment to the community. It includes an opinion regarding the risk of dangerousness to self and others under the current treatment plan.

Protocol:

- ◆ Each acquittee is scheduled for semi-annual reports as indicated in his or her Conditional Release Order. The reporting process includes the following tasks:
 - Collection, update and review of data and records
 - Interview with acquittee
 - Interviews with named community providers and other collateral sources
 - Formulation of the findings into a written report
 - Submission/distribution of the report
- ◆ Any agency identified in the Conditional Release Order shall provide information to the six-month reporter, as requested. By practice, the Conditional Release Supervisor is the primary liaison between the supervising agency and the six-month reporter, and is responsible for the provision of the information and assistance requested by the six-month reporter.
- ◆ The six-month reporter will obtain access to any records that they deem necessary to complete the evaluation, and will speak with any community provider deemed necessary to complete the evaluation. All community providers will maintain valid releases of information from the client for disclosure of treatment information to the Conditional Release Supervisor, the six-month reporter and the PSRB in compliance with state and federal law. The Conditional Release Supervisor will verify that the proper releases of information are in the acquittee's records.

Frequently Asked Questions

Who receives the six-month report?

The PSRB receives the original and sends the state's attorney, the acquittee's attorney and the acquittee a copy of the report. The Conditional Release Supervisor should discuss the six-month report with the acquittee.

Can other community providers obtain a copy of the six-month report?

Yes, The Conditional Release Order specifies to whom the six-month reporter should send a copy. It is typically sent to the acquittee's Conditional Release Supervisor and treating psychiatrist. Other community providers can and should see the six-month report. They can request a copy from the PSRB or the acquittee's Conditional Release Supervisor.

VOLUNTARY PSYCHIATRIC HOSPITALIZATION

Inpatient hospitalization of an acquittee for psychiatric evaluation, stabilization, medication adjustment, risk assessment or other reasons. Hospitalization can be in a community hospital or in-state facility.

Protocol:

- ◆ When community providers, in collaboration with the CRSU, report on deteriorations in mental status, their recommendations may include voluntary inpatient hospitalization. When the PSRB determines that voluntary inpatient hospitalization is the most appropriate and safe disposition, the decision is rendered as to where the hospitalization will take place. If the acquittee is given the option of voluntary hospitalization by the PSRB and refuses, the PSRB will issue a Revocation Order (*see Section 6.2, Involuntary Psychiatric Hospitalization/Revocation of Conditional Release*).
- ◆ If hospitalized at CVH:
 - Community providers must arrange transportation for the voluntary hospitalization, whether it is by the community provider or by ambulance. Community providers must communicate with CVH as to the reason for hospitalization and goals of hospitalization.
 - When hospital staff determine that the acquittee is ready to be discharged, CVH must submit a written report to the PSRB detailing the reason for the hospitalization, course of treatment and an opinion as to whether the acquittee would pose a danger to self or others if allowed to return to the community. This report can be faxed to the PSRB. The PSRB will decide whether to approve the discharge or not. If discharge is not approved, the acquittee can remain voluntarily at CVH, or if he or she refuses, Conditional Release will be revoked.
 - The Conditional Release Supervisor is to document the hospitalization in the Conditional Release Progress Report.
- ◆ If hospitalized at a community hospital psychiatric unit or state inpatient service other than CVH:
 - Community providers must arrange transportation for the voluntary inpatient hospitalization whether it is by the community provider or by ambulance. Community providers must communicate with the community hospital or state inpatient service as to the reason for hospitalization and the stipulations as it relates to PSRB requirements.
 - When it is determined that the acquittee is ready to be discharged, a written report must be submitted to the PSRB detailing the reason for the hospitalization, course of treatment and an opinion as to whether the acquittee would pose a danger to self or others if allowed to return to the community. This report can be faxed to the PSRB. The PSRB will decide

whether to approve the discharge or not. If the discharge is not approved, community providers and the community hospital or state inpatient service need to determine if the acquittee can remain at that facility or has to be transferred to CVH.

- The Conditional Release Supervisor is to document the hospitalization in the Conditional Release Progress Report.

**INVOLUNTARY PSYCHIATRIC HOSPITALIZATION/REVOCATION OF
CONDITIONAL RELEASE**

Involuntary hospitalization or a Revocation of Conditional Release can occur when there is probable cause to believe that an acquittee has violated the terms of his or her Conditional Release, has a deterioration in mental condition which increases his or her risk, or the community is no longer able to provide the services necessary for an acquittee to remain in the community as identified in the current Conditional Release Order.

Protocol:

- ◆ If the PSRB issues a Revocation Order, the PSRB will provide a copy of that Order to CVH police, who may coordinate with the state police to have the acquittee taken into custody and transported to CVH
- ◆ The PSRB will schedule a hearing within 30 days of the revocation

CONFIDENTIALITY

The right of an individual to control the distribution and release of his or her psychiatric and substance abuse treatment, as well as medical, records. State and federal law protect this “privilege,” and requires written informed consent prior to the release of communications or records regarding a person’s diagnosis or treatment. Those persons and agencies that provide such treatment or obtain such treatment records must adhere to the requirements of these laws. The PSRB, as an administrative agency having jurisdiction over the acquittee, is exempt from these requirements to the extent that clinical information that it obtains regarding an acquittee under its jurisdiction may be subject to public disclosure, and is routinely provided to the state’s attorney, defense counsel and the acquittee. PSRB hearings are open to the public and may be attended by interested media. However, treaters remain bound by confidentiality laws and must obtain a release of information, even if the same information is open and available via the PSRB.

The control an acquittee has over the information divulged is limited. All psychiatric and medical information is available to the PSRB, the acquittee, the acquittee’s attorney and the state’s attorney while an acquittee is under PSRB jurisdiction.

Protocol:

- ◆ When the PSRB receives information from community providers, it transmits this information to the state’s attorney, the acquittee’s attorney and the acquittee.
- ◆ Community providers should clearly explain their obligation to report certain treatment information to the PSRB to the acquittee, and the fact that the PSRB will provide the information to the state’s attorney and defense counsel, the information may be available to the public and community providers may be required to testify regarding this information at a hearing. The fact that the PSRB may provide this information to others without the acquittee’s consent does not exempt community providers from the legal obligation to obtain the acquittee’s informed consent to release privileged information.
- ◆ Transcripts from PSRB hearings, Memoranda of Decision and PSRB minutes Board actions are available to the public. This means that anyone can attend hearings, including the press, and anyone can request copies of transcripts or Memoranda of Decision. Medical records and written reports to the PSRB are not open to the public.

PART V*

PSYCHIATRIC SECURITY REVIEW BOARD

*Annotations to former part IVa of chapter 306:

Secs. 17-257a–17-257n cited. 208 C. 125,141, 144. Former Sec. 53a-47 **also** cited. Id. Sec. 17-257a et seq. cited 211 C. 591, 593, 596, 597, 604. Secs. 17-257a–17-257w cited. 215 C. 675, 683.

Secs. 17-257a to 17-257w, inclusive, cited. 10 CA 50, 51; 12 CA 32, 43. Sec. 17-257a et seq. cited. 20 CA 96, 97. Annotations to present part V:

Cited. 41 CA 221–223. Secs. 17a-580–17a-603 cited. Id.

Sec. 17a-580. (Formerly Sec. 17-257a). Definitions. As used in sections 17a-581 to 17a-602, inclusive, and this section:

- (1) "Acquittee" means any person found not guilty by reason of mental disease or defect pursuant to section 53a-13;
- (2) "Board" means the Psychiatric Security Review Board established pursuant to section 17a-581;
- (3) "Conditional release" means release subject to the jurisdiction of the board for supervision and treatment on an outpatient basis and includes, but is not limited to, the monitoring of mental and physical health treatment;
- (4) "Court" means the Superior Court;
- (5) "Danger to himself or others" includes danger to the property of others;

(6) "Hospital for mental illness" means any public or private hospital, retreat, institution, house or place in which a person with psychiatric disabilities or drug-dependent person is received or detained as a patient, but does not include any correctional institution of the state;

(7) "Mental illness" includes any mental illness in a state of remission when the illness may, with reasonable medical probability, become active;

(8) "Mental retardation" means mental retardation as defined in section 1-1g;

(9) "Person who should be conditionally released" means an acquittee who has psychiatric disabilities or is mentally retarded to the extent that his final discharge would constitute a danger to himself or others but who can be adequately controlled with available supervision and treatment on conditional release;

(10) "Person who should be confined" means an acquittee who has psychiatric disabilities or is mentally retarded to the extent that his discharge or conditional release would constitute a danger to himself or others and who cannot be adequately controlled with available supervision and treatment on conditional release;

(11) "Person who should be discharged" means an acquittee who does not have psychiatric disabilities or is not mentally retarded to the extent that his discharge would constitute a danger to himself or others;

(12) "Psychiatrist" means a physician specializing in psychiatry and licensed under the provisions of sections 20-9 to 20-12, inclusive;

(13) "Psychologist" means a clinical psychologist licensed under the provisions of sections 20-186 to 20-195, inclusive;

(14) "State's attorney" means the state's attorney for the judicial district wherein the acquittee was found not guilty by reason of mental disease or defect pursuant to section 53a-13;

(15) "Superintendent" means any person, body of persons or corporation, or the designee of any such person, body of persons or corporation, which has the immediate supervision, management and control of a hospital for mental illness and the patients therein.

(P.A. 85-506, S. 1, 32; P.A. 87-486, S. 1; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 added definition of "mental retardation" and included an acquittee who is mentally retarded within definitions of "person who should be conditionally released", "person who should be confined" and "person who should be discharged"; Sec. 17-257a transferred to Sec. 17a-580 in 1991; P.A. 95-257 replaced variants of "mentally ill" with variants of "psychiatric disabilities", effective July 1, 1995.

Annotations to former section 17-257a:

Cited. 20 CA 96, 97. **Subdiv. (5):**

Cited. 211 C. 591, 600. **Subdiv. (10):**

Cited. 211 C. 591, 599. **Annotations** to present section:

Subdiv. (1):

Cited. 230 C. 400, 405. Cited. 41 CA 221,

222. **Subdiv. (12):**

Cited. 219 C. 314, 337.

Sec. 17a-581. (Formerly Sec. 17-257b). Psychiatric Security Review Board. Membership. Meetings. Regulations. (a) There is hereby established a Psychiatric Security Review Board which shall be an autonomous body within the Department of

Mental Health and Addiction Services for administrative purposes only. The board shall consist of six members who shall serve for a term of four years and shall be appointed by the Governor with the advice and consent of either house of the General Assembly, except that of the members first appointed to the board: (1) One shall serve for a term ending June 30, 1987; (2) two shall serve for terms ending June 30, 1988; (3) two shall serve for terms ending June 30, 1989; and (4) one appointed pursuant to subdivision (6) of subsection (b) of this section shall serve for a term ending June 30, 1999.

(b) The membership shall be composed of: (1) A psychiatrist experienced with the criminal justice system and not otherwise employed on a permanent basis by the state; (2) a psychologist experienced with the criminal justice system and not otherwise employed on a permanent basis by the state; (3) a person with substantial experience in the process of probation; (4) a member of the general public; (5) an attorney who is a member of the bar of this state; and (6) a member of the general public with substantial experience in victim advocacy.

(c) No employee of the Division of Criminal Justice or the Public Defender Services Commission shall be a member of the board.

(d) The Governor at any time may remove any member for inefficiency, neglect of duty or malfeasance in office.

(e) A member of the board not otherwise employed full-time by the state shall be paid seventy-five dollars for each day during which the member is engaged in the performance of official duties. In addition, subject to sections 4-15 and 5-141c regulating travel and other expenses of state officers and employees, the member shall be reimbursed for actual and necessary travel and other expenses incurred in the performance of official duties.

(f) Subject to any applicable provision of sections 5-193 to 5-268, inclusive, the board may hire employees to assist in the performance of its duties under sections 17a-580 to 17a-602, inclusive.

(g) A majority of the members of the board constitutes a quorum for the transaction of business. Hearings shall be held before members of the board.

(h) The board shall meet at least twice every month, unless the chairman determines that there is not sufficient business before the board to warrant a meeting at the scheduled time. The board shall also meet at other times and places specified by the call of the chairman or of a majority of the members of the board.

(i) No member of the board shall be personally liable for damage or injury caused in the discharge of his duties. Any person having a complaint for such damage or injury shall present it as a claim against the state under the provisions of chapter 53.

(j) The board may adopt in accordance with chapter 54 such regulations as may be necessary to carry out the purposes of sections 17a-580 to 17a-602, inclusive.

(P.A. 85-506, S. 2, 32; P.A. 95-257, S. 11, 58; P.A. 96-121, S. 1, 3.)

History: Sec. 17-257b transferred to Sec. 17a-581 in 1991; in 1993 obsolete reference in Subsec. (e) to repealed Sec. 5-141a was deleted editorially; P.A. 95-257 replaced Commissioner and Department of Mental Health with Commissioner and Department of Mental Health and Addiction Services, effective July 1, 1995; P.A. 96-121 amended Subsec. (a) by adding Subdiv. (4) re term of member appointed pursuant to Subdiv. (6) of Subsec. (b) of this section and amended Subsec. (b) by adding Subdiv. (6) re member of the general public with substantial experience in victim advocacy, effective May 24, 1996.

See Sec. 4-38f for definition of "administrative purposes only".

Annotation to former section 17-257b: Cited. 215 C. 675-677.

Sec. 17a-582. (Formerly Sec. 17-257c). Confinement of acquittee for examination. Court order of commitment to board or discharge. (a) When any person charged with an offense is found not guilty by reason of mental disease or defect pursuant to section 53a-13, the court shall order such acquittee committed to the custody of the Commissioner of Mental Health and Addiction Services who shall cause such acquittee to be confined, pending an order of the court pursuant to subsection (e) of this section, in any of the state hospitals for psychiatric disabilities or to the custody of the Commissioner of Mental Retardation, for an examination to determine his mental condition.

(b) Within forty-five days of the order of commitment pursuant to subsection (a) of this section, the superintendent of such hospital or the Commissioner of Mental Retardation shall cause the acquittee to be examined and file a report of the examination with the court, and shall send a copy thereof to the state's attorney and counsel for the acquittee, setting forth the superintendent's or said commissioner's findings and conclusions as to whether the acquittee is a person who should be discharged.

(c) Within ten days of receipt of such superintendent's or said commissioner's re-port, either the state's attorney or counsel for the acquittee may file notice of intent to perform a separate examination of the acquittee. An examination conducted on behalf of the acquittee may be performed by a psychiatrist or psychologist chosen by the acquittee and shall be performed at the acquittee's expense unless he is indigent. If the acquittee is indigent, the court shall provide him with the services of a psychiatrist or psychologist to perform the examination at the expense of the state. The superintendent or said commissioner who conducted the initial examination shall, within five days of a request of any party conducting a separate examination pursuant to this subsection, release to such party all records and reports compiled in the initial examination of the acquittee. Any separate examination report shall be filed with the court within thirty days of the filing with the court of the initial examination report by the superintendent or said commissioner.

(d) The court shall commence a hearing within fifteen days of its receipt of any separate examination report or if no notice of intent to perform a separate examination has been filed under subsection (c) of this section, within twenty-five days of the filing of such initial examination report.

(e) At the hearing, the court shall make a finding as to the mental condition of the acquittee and, considering that its primary concern is the protection of society, make one of the following orders:

(1) If the court finds that the acquittee is a person who should be confined or conditionally released, the court shall order the acquittee committed to the jurisdiction of the board and either confined in a hospital for psychiatric disabilities or placed with the Commissioner of Mental Retardation, for custody, care and treatment pending a hearing before the board pursuant to section 17a-583; provided (A) the court shall fix a maximum term of commitment, not to exceed the maximum sentence that could have been imposed if the acquittee had been convicted of the offense, and (B) if there is reason to believe that the acquittee is a person who should be conditionally released, the court shall include in the order a recommendation to the board that the acquittee be considered for conditional release pursuant to subdivision (2) of section 17a-584; or

(2) If the court finds that the acquittee is a person who should be discharged, the court shall order the acquittee discharged from custody.

(f) At the hearing before the court, the acquittee shall have the burden of proving by a preponderance of the evidence that he is a person who should be discharged.

(g) An order of the court pursuant to subsection (e) of this section may be appealed by the acquittee or the state's attorney to the Appellate Court. The court shall so notify the acquittee.

(h) During any term of commitment to the board, the acquittee shall remain under the jurisdiction of the board until discharged by the court pursuant to section 17a-593. Except as provided in subsection (c) of said section, the acquittee shall be immediately discharged at the expiration of the maximum term of commitment.

(i) On committing an acquittee to the jurisdiction of the board, the court shall advise the acquittee of the right to a hearing before the board in accordance with section 17a-583.

(P.A. 85-506, S. 3, 32; P.A. 87-486, S. 2; P.A. 95-257, S. 11, 48, 58.)

History: P.A. 87-486 amended Subsec. (a) to permit the court to commit the acquittee to the custody of the commissioner of mental retardation amended Subsecs. (b) and (c) to add references to the commissioner of mental retardation, and amended Subsec. (e) to include the situation where the court finds that the acquittee is a person who should be conditionally released and to permit the court to commit the acquittee to the jurisdiction of the board for placement with the commissioner of mental retardation; Sec. 17-257c transferred to Sec. 17a-582 in 1991; P.A. 95-257 replaced Commissioner and Department of Mental Health with Commissioner and Department of Mental Health and Addiction Services and substituted "psychiatric disabilities" for "mental illness", effective July 1, 1995.

Annotations to former section 17-257c:

Cited. 211 C. 591, 607, 612. Subsec. (a):

Cited. 211 C. 591, 597. Subsec. (b):

Cited. 211 C. 591, 598. Subsec. (c):

Cited. 211 C. 591, 598. Subsec. (e):

Cited. 211 C. 591, 598, 611. Subdiv. (I) cited. Id., 591, 598, 612. Subdiv. (1)(A) cited. Id., 591, 593, 596-598, 600. Subdiv. (2) cited. Id., 591, 598.

Subdiv. (1) cited. 12 CA 32, 44; 15 CA 74, 81; judgment reversed, see 211 C. 591 et seq. Subdiv. (I)(A) cited. 20 CA 96, 97.

Subsec. (f):

Cited. 211 C. 591, 598. Subsec. (h):

Cited. 211 C. 591, 598. Annotations to present section;

Cited. 230 C. 400, 402. Subsec. (e):

Subdiv. (I) cited. 230 C. 400, 402. Subdiv. (IXA) cited. Id., 400, 406, 408, 412, 418, 420, 421, 425. Cited. Id., 400, 406, 425.

Subsec. (f):

Cited. 230 C. 400, 406.

Sec. 17a-583. (Formerly Sec. 17-257d). Initial hearing by board after commitment. (a) The board shall conduct a hearing to review the status of the acquittee within ninety days of an order committing the acquittee to the jurisdiction of the board, provided, if the court has recommended consideration of conditional release, the board shall, absent good cause shown, conduct a hearing to review the status of the acquittee at its next regularly scheduled meeting.

(b) At any hearing held pursuant to this section, the board shall make a finding and act pursuant to section 17a-584.

(P.A. 85-506, S. 4, 32.)

History: Sec. 17-257d transferred to Sec. 17a-583 in 1991.

Annotation to former section 17-257d: Cited. 211 C. 591, 599.

Sec. 17a-584. (Formerly Sec. 17-257e). Finding and action by board. Recommendation of discharge. Order of conditional release or confinement. At any hearing before the board considering the discharge, conditional release or confinement of the • acquittee, except a hearing pursuant to section 17a-592 or subsection (d) of section 17a-593, the board shall make a finding as to the mental condition of the acquittee and, considering that its primary concern is the protection of society, shall do one of the following:.

(1) If the board finds that the acquittee is a person who should be discharged, it shall recommend such discharge to the court pursuant to section 17a-593.

(2) If the board finds that the acquittee is a person who should be conditionally released, the board shall order the acquittee conditionally released subject to such conditions as are necessary to prevent the acquittee from constituting a danger to himself or others.

(3) If the board finds that the acquittee is a person who should be confined, the board shall order the person confined in a hospital for psychiatric disabilities or placed with the Commissioner of Mental Retardation for custody, care and treatment.

(P.A. 85-506, S. 5, 32; P.A. 87-486, S. 3; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 amended Subdiv. (1) to replace requirement that the board recommend discharge and file an application for discharge with the court with requirement that the board recommend such discharge "to the court" and amended Subdiv. (3) to authorize placement of the person with the commissioner of mental retardation; Sec. 17-257e transferred to Sec. 17a-584 in 1991; P.A. 95-257 substituted "psychiatric disabilities" for "mental illness", effective July 1, 1995.

Annotations to former section 17-257e:

Cited. 211 C. 591, 599, 602. Cited. 215 C. 675, 686.

Cited. 15 CA 74, 83; judgment reversed, see 211 C. 591 et seq. **Subdiv. (3):**

Cited. 15 CA 74, 83; judgment reversed, see 211 C. 591 et seq.

Sec. 17a-585. (Formerly Sec. 17-2570. Periodic review by board. The board shall conduct a hearing and review the status of the acquittee not less than once every two years. At such hearing the board shall make a finding and act pursuant to section 17a-584.

(P.A. 85-506, S. 6, 32.)

History: Sec. 17-257f transferred to Sec. 17a-585 in 1991.

Annotations to former section 17-257f:

Cited. 211 C. 591, 599. Cited. 215 C. 675, 676, 686.

Annotations to present section:

Cited. 230 C. 400, 406. Cited. 41 CA 688, 690.

Sec. 17a-586. (Formerly Sec. 17-257g). Periodic report re mental condition of acquittee. The superintendent of any hospital for psychiatric disabilities in which an acquittee has been confined or the Commissioner of Mental Retardation with whom an acquittee has been placed pursuant to order of the board, or the person or agency responsible for the supervision or treatment of a conditionally released acquittee, shall submit to the board at least every six months a written report with respect to the mental condition of the acquittee. The board shall furnish copies of the report to the counsel for the acquittee and the state's attorney.

(P.A. 85-506, S. 7, 32; P.A. 87-486, S. 4; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 required submission of a report by "the commissioner of mental retardation with whom an acquittee has been placed"; Sec. 17-257g transferred to Sec. 17a-586 in 1991; P.A. 95-257 replaced "mental illness" with "psychiatric disabilities", effective July 1, 1995.

Annotation to former section 17-257g:
Cited. 211 C. 591, 599. Cited. 215 C. 675, 687.

Sec. 17a-587. (Formerly Sec. 17-257h). Temporary leaves. If at any time after the confinement of an acquittee in a hospital for psychiatric disabilities or the placement of an acquittee with the Commissioner of Mental Retardation pursuant to order of the board, the superintendent of such hospital or said commissioner is of the opinion that the acquittee's psychiatric supervision and treatment would be advanced by permitting the acquittee to leave such hospital or the custody of said commissioner temporarily, the superintendent or said commissioner shall apply to the board for an order authorizing temporary leaves. The application shall include a statement of reasons in support thereof. The board shall send a copy of the application to the state's attorney. The board may order a hearing on the application and shall order such a hearing if the state's attorney files with the board a request therefore within ten days of his receipt of the application. The board shall grant the application if it concludes that the acquittee's temporary leave, under the conditions specified, would not constitute a danger to himself or others. If such application is granted, the acquittee may be permitted to leave such hospital or the custody of said commissioner temporarily, under the charge of his guardian, relatives or friends, or by himself, at such times an under such conditions as the superintendent or said commissioner deems appropriate, unless the order of the board provides otherwise. The provisions of section 17a-521 not inconsistent with this section shall be applicable to temporary leaves authorized by this section.

(P.A. 85-506, S. 8, 32; P.A. 87-486, S. 5; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 added provisions re temporary leaves from the custody of the commissioner of mental retardation of acquirtees placed with said commissioner; Sec. 17-257h transferred to Sec. 17a-587 in 1991; P.A. 95-257 replaced "mental illness" with "psychiatric disabilities", effective July 1, 1995.

Annotation to former section 17-257h: Cited. 215 C. 675, 682.

Sec. 17a-588. (Formerly Sec. 17-257i). Conditional release. (a) If at any time after the confinement of an acquittee in a hospital for psychiatric disabilities or the placement of an acquittee with the Commissioner of Mental Retardation, the superintendent of such hospital or said commissioner is of the opinion that such acquittee is a person who should be conditionally released, the superintendent or said commissioner shall apply to the board for an order of conditional release. The application shall be accompanied by a report setting forth the facts supporting the opinion of the superintendent or said commissioner, and by a conditional release plan. The board shall hold a hearing on the application within sixty, but not less than thirty, days of its receipt.

(b) At any time after the confinement of an acquittee in a hospital for psychiatric disabilities or the placement of an acquittee with the Commissioner of Mental Retardation, the acquittee or another person acting on his behalf may apply to the board for an order of conditional release. On receipt of the application, the board shall request the superintendent of the hospital or said commissioner to report whether he is of the opinion that the acquittee is a person who should be conditionally released. The report shall set forth facts supporting the opinion. An application for conditional release under this subsection shall not be filed more often than once every six months from the date of the initial board hearing held pursuant to section 17a-583. The board is not required to hold a hearing on a first application under this subsection any sooner than ninety days after the initial hearing. Hearings resulting from any subsequent requests shall be held within sixty days of the filing of the application.

(c) Not less than thirty days prior to any such hearing, the board shall send copies of the superintendent's or said commissioner's report to the state's attorney and counsel

for the acquittee. At any hearing held pursuant to this section, the board shall make a finding and act pursuant to section 17a-584.

(P.A. 85-506, S. 9, 32; P.A. 87-486, S. 6; P.A. 95-257, S. 48, 58.)

History: P.A. **87-486** made section **applicable** to acquittees placed with the commissioner of mental **retardation and amended Subsec. (a)** to require a **hearing on the application not less than thirty, rather than forty-five, days** from its receipt **and amended Subsec. (c)** to require copies of the report to be sent not less **than thirty, rather than forty-five, days** prior to the hearing; Sec. 17-257i transferred to Sec. 17a-588 in 1991; P.A. 95-257 replaced "mental illness" with "psychiatric disabilities", effective July 1, 1995.

Annotation to former section 17-257i: Cited. 215 C. 675, 687.

Sec. 17a-589. (Formerly Sec. 17-257j). Supervision of acquittee on conditional release. The board may designate any capable person or appropriate public or private agency to supervise the acquittee on conditional release, subject to such conditions as the board sets in the order for conditional release. Prior to the designation, the board shall notify the person or agency to whom conditional release is contemplated and provide the person or agency with an opportunity to be heard before the board. After receiving an order of conditional release, the person or agency so designated shall assume supervision of the acquittee pursuant to the direction of the board.

(P.A. 85-506, S. 10, 32.)

History: Sec. 17-257j transferred to Sec. 17a-589 in 1991.

Sec. 17a-590. (Formerly Sec. 17-257k). Examination and treatment of acquittee on conditional release. As one of the conditions of release, the board may require the acquittee to report to any public or private mental health facility for examination. Whenever medical, psychiatric or psychological treatment is recommended, the board may order the acquittee, as a condition of release, to cooperate with and accept treatment from the facility. The facility to which the acquittee has been referred for examination shall perform the examination and submit a written report of its findings to the board. If the facility finds that treatment of the person is appropriate, it shall include its recommendations for treatment in the report to the board. Whenever treatment is provided by the facility, it shall furnish reports to the board on a regular basis concerning the status of the acquittee and the degree to which he is a danger to himself or others. The board shall furnish copies of all such reports to the acquittee, counsel for the acquittee and the state's attorney. The confidentiality of these reports shall be determined pursuant to sections 52-146c to 52-146j, inclusive. The facility shall comply with any other conditions of release prescribed by order of the board.

(P.A. **85-506**, S. 11, 32.)

History: Sec. 17-257k transferred to Sec. 17a-590 in 1991.

Annotation to former section 17-257k: Cited. 215 C. 675, 687.

Sec. 17a-591. (Formerly Sec. 17-257l). Modification of conditional release. (a) Any conditionally released acquittee or any person or agency responsible for the supervision or treatment of a conditionally released acquittee may apply to the board for the modification of the order of the conditional release of the acquittee. Any application for modification filed by a person or agency responsible for the supervision or treatment of a conditionally released acquittee shall be accompanied by a report setting forth the facts supporting the application. The board shall commence a hearing within sixty days of its receipt of the application. Not less than thirty days prior to such hearing, the board shall send copies of such application and report, if any, to the state's attorney and counsel

for the acquittee. At the hearing, the board shall make a finding and act pursuant to section 17a-584.

(b) Unless the conditional release order has been summarily modified by the board or its chairman pursuant to subsection (a) of section 17a-594n application by an acquittee for modification of a conditional release order shall not be filed more often than once every six months from the date of the filing of the next preceding application for modification.

(P.A. 85-506, S. 12, 32; P.A. 87-486, S. 7.)

History: P.A. 87-486 amended Subsec. (a) to require the board to send copies of the application and report not less than thirty, rather than forty- five, days prior to the hearing; Sec. 17-2571 transferred to Sec. 17a-591 in 1991.

Annotation to former section 17-2571: Cited. 215 C. 675, 687.

Sec. 17a-592. (Formerly Sec. 17-257m). Board recommendation to discharge acquittee from custody. (a) The superintendent of any hospital for psychiatric disabilities in which an acquittee has been confined or the Commissioner of Mental Retardation with whom an acquittee has been placed pursuant to an order of the board or any person or agency responsible for the supervision or treatment of a conditionally released acquittee may request the board to recommend to the court discharge of the acquittee from custody. Any such request shall be accompanied by a report setting forth the facts supporting the request. Within sixty days of receipt of the request, the board shall commence a hearing on the request to recommend discharge. Not less than thirty days prior to such hearing, the board shall send copies of the request and report to the state's attorney and counsel for the acquittee.

(b) The board may, on its own motion, consider whether to recommend discharge of the acquittee from custody. The board shall immediately give notice to the state's attorney and counsel for the acquittee of its decision to consider whether to recommend discharge of the acquittee. The board may order a hearing on whether to recommend discharge of the acquittee and shall order such a hearing if the state's attorney files with the board a request therefore within ten days of his receipt from the board of the notice of its decision to consider whether to make such a recommendation. Any such hearing shall be held within sixty days of the board's decision to consider whether to recommend discharge of the acquittee.

(c) If the board decides to recommend discharge of the acquittee, the board shall make such recommendation pursuant to section 17a-593.

(P.A. 85-506, S. 13, 32; P.A. 87-486, S. 8; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 amended Subsec. (a) to authorize the commissioner of mental retardation with whom an acquittee has been placed to request the board to recommend discharge of the acquittee from custody and to require the board to send copies of the request and report not less than thirty, rather than forty-five, days prior to the hearing, and amended Subsec. (c) to replace provision that if the board recommends discharge it shall "apply for discharge" with provision that it shall "make such recommendation" pursuant to Sec. 17-257n; Sec. 17-257m transferred to Sec. 17a-592 in 1991; P.A. 95-257 substituted "psychiatric disabilities" for "mental illness", effective July 1, 1995.

Annotations to former section 17-257m:

Cited. 211 C. 591, 599. Cited. 215 C. 675, 687.

Cited. 15 CA 74, 82; judgment reversed, see 211 C. 591 et seq.

Subsec. (a):

Cited. 211 C. 591, 600. Subsec. (b):

Cited. 211 C. 591, 600. Subsec. (c):

Cited. 211 C. 591, 600.

Sec. 17a-593. (Formerly Sec. 17-257n). Court order to discharge acquittee from custody. (a)

The board, pursuant to section 17a-584 or 17a-592, may recommend to the court the discharge of the acquittee from custody or the acquittee may apply directly to the court for discharge from custody. The court shall send copies of the recommendation or application to the state's attorney and to counsel for the acquittee. An acquittee may apply for discharge not more than once every six months and no sooner than six months after the initial board hearing held pursuant to section 17a-583.

(b) The recommendation or application shall contain the dates on which any prior recommendations or applications for discharge had been filed with the court, the dates on which decisions thereon were rendered, and a statement of facts, including any change in circumstances since the determination on the most recent recommendation or application, sufficient to qualify the acquittee as a person who should be discharged. A recommendation by the board shall contain findings and conclusions to support the recommendation.

(c) If reasonable cause exists to believe that the acquittee remains a person with psychiatric disabilities or mentally retarded to the extent that his discharge at the expiration of his maximum term of commitment would constitute a danger to himself or others, the state's attorney, at least one hundred thirty-five days prior to such expiration, may petition the court for an order of continued commitment of the acquittee.

(d) The court shall forward any application for discharge received from the acquittee and any petition for continued commitment of the acquittee to the *board*. The board shall, within ninety days of its receipt of the application or petition, file a report with the court, and send a copy thereof to the state's attorney and counsel for the acquittee, setting forth its findings and conclusions as to whether the acquittee is a person who should be discharged. The board may hold a hearing or take other action appropriate to assist it in preparing its report.

(e) Within ten days of receipt of a recommendation for discharge filed by the board under subsection (a) of this section or receipt of the board's report filed under subsection (d) of this section, either the state's attorney or counsel for the acquittee may file notice of intent to perform a separate examination of the acquittee. An examination conducted on behalf of the acquittee may be performed by a psychiatrist or psychologist of the acquittee's own choice and shall be performed at the expense of the acquittee unless he is indigent. If the acquittee is indigent, the court shall provide him with the services of a psychiatrist or psychologist to perform the examination at the expense of the state. Any such separate examination report shall be filed with the court within thirty days of the notice of intent to perform the examination. To facilitate examinations of the acquittee, the court may order him placed in the temporary custody of any hospital for psychiatric disabilities or other suitable facility or placed with the Commissioner of Mental Retardation.

(f) After receipt of the board's report and any separate examination reports, the court shall promptly commence a hearing on the recommendation or application for discharge or petition for continued commitment. At the hearing, the acquittee shall have the burden of proving by a preponderance of the evidence that the acquittee is a person who should be discharged.

(g) The court shall make a finding as to the mental condition of the acquittee and, considering that its primary concern is the protection of society, make one of the following orders: (1) If the court finds that the acquittee is not a person who should be discharged, the court shall order the recommendation or application for discharge be dismissed; or (2) if the court finds that the acquittee is a person who should be discharged,

the court shall order the acquittee discharged from custody. The court shall send a copy of such finding and order to the board.

(P.A. 85-506, S. 14, 32; P.A. 86-403, S. 38, 132; P.A. 87-486, S. 9; P.A. 95-257, S. 48, 58.)

History: P.A. 86-403 made technical change in Subsec. (e); P.A. 87-486 replaced provisions authorizing board to "apply to the court for discharge of the acquittee" with provisions authorizing board to "recommend to the court the discharge of the acquittee" and added references to the board's "recommendation" to reflect this procedural change, amended Subsec. (c) to add reference to an acquittee who is mentally retarded and to authorize the state's attorney to petition the court for continued commitment at least one hundred thirty-five, rather than ninety, days prior to the commitment's expiration, amended Subsec. (d) to require the board to file a report within ninety, rather than forty-five, days of receiving an application or petition, amended Subsec. (e) to authorize the court to place the acquittee with the commissioner of mental retardation amended Subsec. (f) to delete provision that the board has the burden of proof when it applies for an order of discharge, and amended Subsec. (g) to replace provision that "if the court finds that the acquittee is a person who should be confined, the court shall continue the initial order committing the acquittee to the jurisdiction of the board" with "if the court finds that the acquittee is not a person who should be discharged, the court shall order the recommendation or application for discharge be dismissed"; Sec. 17-257n transferred to Sec. 17a-593 in 1991; P.A. 95-257 replaced "mentally ill" and "mental illness" with varying phrases containing the words "psychiatric disabilities", effective July 1, 1995.

Annotations to former section 17-257n:

Cited. 211 C. 591, 599-602, 605.

Cited. 20 CA 96, 99.

Subsec. (a):

Cited. 211 C. 591, 599, 600.

Cited. 15 CA 74, 82; judgment reversed, see 211 C. 591 et seq.

Subsec. (c):

Cited. 211 C. 591, 600.

Cited. 12 CA 32, 44. Cited. 15 CA 74, 75, 82, 83; judgment reversed, see 211 C. 591 et seq. Cited. 20 CA 96-98. Subsec. (d):

Cited. 211 C. 591, 599, 600.

Subsec. (e):

Cited. 211 C. 591, 600.

Subsec. (f):

Cited. 211 C. 591, 601-606. Cited. 215 C. 675, 682.

Annotations to present section:

Cited. 230 C. 400, 404, 407, 410, 412, 419, 420, 422.

Subsec. (c):

Section impliedly imposes same burden on the state at a hearing for continued commitment of an acquittee beyond his current definite period of commitment as is imposed in a civil commitment hearing under Sec. 17a-498(c). 230 C. 400, 401, 404, 407-411, 420, 421, 424, 425.

Subsec. (d):

Cited. 230 C. 400, 407, 410, 411, 420.

Subsec. (e):

Cited. 230 C. 400, 419, 420.

Subsec. (f):

Cited. 230 C. 400, 407, 418, 420, 421.

Sec. 17a-594. (Formerly Sec. 17-257o). Summary modification or termination of conditional release upon violation of terms or change in mental health. (a) If at any time while an acquittee is under the jurisdiction of the board, it appears to the board or its chairman that a conditionally released acquittee has violated the terms of a conditional release or that the mental health of the acquittee has changed, the board or its chairman may order the modification of the conditional release of the acquittee or may order the termination of the conditional release of the acquittee and his return to a hospital for psychiatric disabilities or to the Commissioner of Mental Retardation for examination or treatment. The state's attorney may, at any time, notify the board or its chairman of facts that the state's attorney believes indicate that the conditionally released acquittee has violated the terms of a conditional release, that the mental health of the acquittee has changed or that the conditions of release should be modified. A written order of the board, or its chairman on behalf of the board, is sufficient warrant for ^any peace officer to take the acquittee into custody and transport him to a hospital for psychiatric disabilities or to the Commissioner of Mental Retardation.

(b) Any peace officer or any person or agency providing treatment or responsible for the supervision of a conditionally released acquittee may take the acquittee into

custody or request that the acquittee be taken into custody if there is reasonable cause to believe that the acquittee is a person with psychiatric disabilities or mentally retarded to the extent that his continued release would constitute a danger to himself or others and that the acquittee is in need of immediate care, custody or treatment. The acquittee shall be immediately transported to a hospital for psychiatric disabilities or to the Commissioner of Mental Retardation.

(c) Within thirty days of the acquittee being taken into custody pursuant to subsection (a) or (b) of this section, the board shall commence a hearing to determine the mental condition of the acquittee and shall make a finding and act pursuant to section 17a-584.

(P.A. 85-506, S. 15, 32; P.A. 87-486, S. 10; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 amended Subsec. (a) to authorize the board or its chairman to order an acquittee's return to the commissioner of mental retardation and a peace officer to transport an acquittee to said commissioner, amended Subsec. (b) to add reference to an acquittee who is mentally retarded and authorize the immediate transportation of an acquittee to the commissioner of mental retardation, and amended Subsec. (c) to increase from twenty to thirty days the period within which a hearing must be commenced; Sec. 17-257o transferred to Sec. 17a-594 in 1991; P.A. 95-257 replaced "mentally ill" and "mental illness" with varying phrases containing the words "psychiatric disabilities", effective July 1, 1995.

Annotation to former section 17-257o: Cited. 215 C.
675, 687.

Sec. 17a-595. (Formerly Sec. 17-257p). Testimony of witnesses before board. Subpoena. (a) Upon request of any party to a hearing before the board, the board or its designated representative shall issue, or the board on its own motion may issue, subpoenas requiring the attendance and testimony of witnesses.

(b) Upon request of any party to a hearing before the board and upon a proper showing of the general relevance and reasonable scope of the documentary or physical evidence sought, the board or its designated representative shall issue, or the board on its own motion may issue, subpoenas duces tecum.

(c) Witnesses appearing under subpoenas, other than the parties or state officers or employees, shall receive fees and mileage as prescribed by law for witnesses in civil actions. If the board or its designated representative, certifies that the testimony of a witness was relevant and material, any person who has paid fees and mileage to such witness shall be reimbursed by the board.

(d) If any person, agency or facility fails to comply with a subpoena issued under subsections (a) or (b) of this section or any party or witness refuses to testify regarding any matter on which he may be lawfully interrogated, any judge of the Superior Court, on the application of the board or its designated representative or of the party requesting the issuance of the subpoena, shall compel obedience by proceedings for contempt as in the case of disobedience of the requirements of a subpoena issued by the court.

(P.A. 85-506, S. 16, 32.)

History: Sec. 17-257p transferred to Sec. 17a-595 in 1991.

Annotation to former section 17-257p:
Cited. 211 C. 591, 599.

Sec. 17a-596. (Formerly Sec. 17-257q). Board hearing procedures. (a) Prior to any hearing by the board concerning the discharge, conditional release or confinement of the acquittee, the board, acquittee and state's attorney may each choose a psychiatrist or psychologist to examine the acquittee. The results of the examination shall be in writing and filed with the board, and shall include, but need not be limited to, an opinion as to whether the acquittee is a person with psychiatric disabilities or mentally retarded to the extent that his release would constitute a danger to himself or others and whether

the

acquittee could be adequately controlled with treatment as a condition of release. To facilitate examination of the acquittee, the board may order him placed in the temporary custody of any hospital for psychiatric disabilities or other suitable facility or placed with the Commissioner of Mental Retardation.

(b) The board shall consider all evidence available to it that is material, relevant and reliable regarding the issues before the board. Such evidence may include but is not limited to the record of trial, the information supplied by the state's attorney or by any other interested party, including the acquittee, and information concerning the acquittee's mental condition and the entire psychiatric and criminal history of the acquittee.

(c) Testimony shall be taken upon oath or affirmation of the witness from whom received.

(d) Any hearing by the board, including the taking of any testimony at such hearing, shall be open to the public. At any hearing before the board, the acquittee shall have all the rights given a party to a contested case under chapter 54. In addition to the rights enumerated thereunder, the acquittee shall have the right to appear at all proceedings before the board, except board deliberations and to be represented by counsel, to consult with counsel prior to the hearing and, if indigent, to have counsel provided, pursuant to the provisions of chapter 887, without cost. At any hearing before the board, copies of documents and reports considered by the board shall be available for examination by the acquittee, counsel for the acquittee and the state's attorney. The confidentiality of these reports shall be determined pursuant to sections 52-146c to 52-146j, inclusive.

(e) Upon request of any party before the board, or on its own motion, the board may continue a hearing for a reasonable time not to exceed sixty days to obtain additional information or testimony or for other good cause shown.

(f) At any hearing before the board, the acquittee, or any applicant seeking an order less restrictive than the existing order, shall have the burden of proving by a preponderance of the evidence the existence of conditions warranting a less restrictive order.

(g) A record shall be kept of all hearings before the board, except board deliberations.

(h) Within twenty-five days of the conclusion of the hearing, the board shall provide the acquittee, his counsel, the state's attorney and any victim as defined in section 17a-601 with written notice of the board's decision. If there is no victim or the victim is unidentified or cannot be located, the board shall be relieved of the requirement of providing notice to the victim.

(P.A. 85-506, S. 17, 32; P.A. 87-486, S. 11; 87-554, S. 18; P.A. 91-406, S. 16, 29; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 amended Subsec. (a) to add reference to an acquittee who is mentally retarded and to authorize the board to order an acquittee placed with the commissioner of mental retardation, amended Subsec. (d) to require **any** hearing **by** the board, **including** the **taking** of testimony, to be **open** to the **public**, and amended Subsec. (h) to increase from fifteen to twenty-five days the period after the hearing during which the board is required to provide written notice of its decision; P.A. 87-554 amended Subsec. (h) by requiring board to notify **any** victim as defined in Sec. 17-257v of board's decision, unless there is no victim or victim cannot be located; Sec. 17-257q transferred to Sec. 17a-596 in 1991; P.A. 91-406 confirmed the numbering of this section as Sec. 17a-596, thereby correcting a typographical error, P.A. 95-257 replaced "**mentally ill**" and "mental illness" with varying phrases **containing** the words "psychiatric disabilities", effective July 1, 1995.

Annotation to former section 17-257q:

Cited. 211 C. 591, 599. Cited. 215 C. 675, 686.

Subsec. (b):

Cited. 215 C. 675, 687. Subsec. (f):

Cited. 211 C. 591, 599.

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SOCIAL AND HUMAN SERVICES AND RESOURCES

Title 17a

Annotations to present section:
Cited. 230 C. 400, 419. Cited. 41 CA 688,
690. Subsec. (f):
Cited 230 C. 400, 407.

Sec. 17a-597. (Formerly Sec. 17-257r). Appeal of board orders and decisions. (a) Any order of the board entered pursuant to subdivision (2) or (3) of section 17a-584 or pursuant to section 17a-587 may be appealed to the Superior Court pursuant to section 4-183. The board shall give notice of the right to judicial review to the acquittee, counsel for the acquittee and the state's attorney.

(b) A decision by the board that the acquittee is a person who should be discharged made pursuant to subdivision (1) of section 17a-584, section 17a-592 or subsection (d) of section 17a-593 shall not be subject to judicial review pursuant to section 4-183.

(P.A. 85-506, S. 18, 32.)

History: Sec. 17-257r transferred to Sec. 17a-597 in 1991.

Annotation to former section 17-257r. Cited. 211 C. 591,
599.

Sec. 17a-598. (Formerly Sec. 17-257s). Court hearing procedures. (a) At any hearing before the court under section 17a-582 or 17a-593, the acquittee shall have the right to appear and shall be represented by counsel. If the acquittee fails or refuses to obtain counsel, the court shall appoint counsel to represent him. If the acquittee is indigent, counsel shall be provided, pursuant to the provisions of chapter 887, and the court shall determine and allow, as provided in section 54-147, the cost of briefs, any other necessary expenses, and compensation of the counsel for the acquittee. The costs, expenses and compensation so allowed shall be paid by the state.

(b) At any hearing before the court under section 17a-582 or 17a-593, documents and reports considered by the court shall be available for examination by the acquittee, counsel for the acquittee and the state's attorney.

(P.A. 85-506, S. 19, 32.)

History: Sec. 17-257s transferred to Sec. 17a-598 in 1991.

Sec. 17a-599. (Formerly Sec. 17-257t). Confinement under conditions of maximum security. At any time the court or the board determines that the acquittee is a person who should be confined, it shall make a further determination of whether the acquittee is so violent as to require confinement under conditions of maximum security. Any acquittee found so violent as to require confinement under conditions of maximum security shall not be confined in any hospital for psychiatric disabilities or placed with the Commissioner of Mental Retardation unless such hospital or said commissioner has the trained and equipped staff, facilities or security to accommodate such acquittee.

(P.A. 85-506, S. 20, 32; P.A. 87-486, S. 12; P.A. 95-257, S. 48, 58.)

History: P.A. 87-486 added reference to an acquittee placed with the commissioner of mental retardation; Sec. 17-257t transferred to Sec. 17a-599 in 1991; P.A. 95-257 substituted "psychiatric disabilities" for "mental illness", effective July 1, 1995.

Sec. 17a-600. (Formerly Sec. 17-257u). Appointment of overseer and conservator for acquittee. Payment of expenses. (a) The court may appoint a person to act as an overseer for any acquittee who is committed to the jurisdiction of the board. On appointment, the overseer shall make an application to the probate court of competent jurisdiction for the appointment of a conservator of the estate of the acquittee.

(b) The expense of confinement, support and treatment of any acquittee committed to the jurisdiction of the board shall be computed and paid for in accordance with the provisions of sections 17a-528, 17b-19, 17b-63 to 17b-65, inclusive, 17b-115 to 17b-138, inclusive, 17b-220 to 17b-250, inclusive, 17b-256, 17b-259, 17b-263, 17b-287, 17b-340 to 17b-350, inclusive, 17b-689 to 17b-693, inclusive, and 17b-743 to 17b-747, inclusive.

(P.A. 85-506, S. 21, 32.)

History: Sec. 17-257u transferred to Sec. 17a-600 in 1991.

Sec. 17a-601. (Formerly Sec. 17-257v). Notice to victims of court and board hearings. (a) For the purposes of this section, "victim" means a person who is a victim of a class A, B or C felony, the legal representative of such person or a member of a deceased victim's immediate family.

(b) Any court rendering a judgment of acquittal pursuant to section 53a-13 shall make a specific finding as to whether there is a victim of the act committed by the acquittee and, if so, whether the victim desires notice pursuant to this section. If the court finds that a victim desires notice, it shall notify the victim of any hearing held by the court pursuant to section 17a-582 or 17a-593. The court shall, on committing an acquittee to the jurisdiction of the board, identify the victim to the board and the board shall thereafter make a reasonable effort to notify the victim of any board hearings or orders or of any escape of the acquittee. The victim may appear at any court or board hearing concerning the acquittee to make a statement.

(P.A. 85-506, S. 22, 32.)

History: Sec. 17-257v transferred to Sec. 17a-601 in 1991.

Sec. 17a-602. (Formerly Sec. 17-257w). Applicability of sections 17a-580 to 17a-601, inclusive. (a) Unless otherwise prohibited by law, sections 17a-580 to 17a-601, inclusive, apply (1) to any person who, on or after July 1, 1985, is found not guilty by reason of mental disease or defect pursuant to section 53a-13, and (2) to any person who, prior to July 1, 1985, was found not guilty by reason of mental disease or defect, or guilty but not criminally responsible, pursuant to section 53a-13, and who, on July 1, 1985, is confined, temporarily confined, or otherwise subject to court supervision pursuant to section 53a-47 of the general statutes, revision of 1958, revised to January 1, 1985.

(b) For the purposes of sections 17a-580 to 17a-601, inclusive, and this section, the terms "acquittee" and "person found not guilty by reason of mental disease or defect" include a person found guilty but not criminally responsible pursuant to section 53a-13 of the general statutes, revision of 1958, revised to January 1, 1983.

(c) All persons confined as a danger to themselves or others pursuant to section 53a-47 of the general statutes, revision of 1958, revised to January 1, 1985, shall be deemed committed to the jurisdiction of the board on July 1, 1985, and for the remainder of the term of commitment. Any such person may apply to the board for conditional release or to the court for discharge in the same manner as any person committed to the jurisdiction of the board on or after July 1, 1985.

(d) Any person subject to temporary confinement on July 1, 1985, pursuant to section 53a-47 of the general statutes, revision of 1958, revised to January 1, 1985, shall be confined for examination and a hearing pursuant to section 17a-582.

(P.A. 85-506, S. 23, 32.)

History: Sec. 17-257w transferred to Sec. 17a-602 in 1991.

Annotations to former section 17-257w:
Cited. 200 C. 208, 223. Subsec. (a):
Cited. 211 C. 591, 593. Cited. 215 C. 675, 685.
Subsec. (c):
Cited. 215 C. 675, 680.

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SOCIAL AND HUMAN SERVICES AND RESOURCES

Title 17a

Sec. 17a-603. Court enforcement of statutes and orders. The Superior Court, on application of the Psychiatric Security Review Board or the Attorney General, may enforce by appropriate decree or process any provision of sections 17a-580 to 17a-602, inclusive, or any order of the board rendered in pursuance of any statutory provision.

(P.A. 90-10.)

Secs. 17a-604 to 17a-614. Reserved for future use.

APPENDIX A - FORMS

PSYCHIATRIC SECURITY REVIEW BOARD
Conditional Release Application, Pursuant to C.G.S. Section 17a-588

Application filed by:

- ☐ Superintendent of Connecticut Valley Hospital
☐ Commissioner of the Department of Mental Retardation
☐ Acquittee
☐ Acquittee's Legal Representative
☐ Other (please specify)

Accompanying this Conditional Release Application, please submit a report to the PSRB that includes, but is not limited to, the information listed below.

- a. A summary of the acquittee's current treatment, treatment progress and the clinical rationale supporting this Conditional Release Application
- b. A risk assessment including risk and protective factors and the risk management plan
- c. Conditional Release Application Community Provider Approval Form(s) (if applicable)

A. ACQUITTEE INFORMATION

Name:

Date of Birth:

Gender:

PSRB ID No.:

1. Acquittee Citizenship

- Is the acquittee a United States citizen? ☐ Yes ☐ No
- Does the acquittee have a passport? ☐ Yes ☐ No

If yes, who will hold the passport while on conditional release?

If acquittee **is not** a United States citizen, answer the following questions:

- a. Of what country is the acquittee a citizen?
- b. What is the acquittee's immigration status? (Attach appropriate documentation)
☐ Lawful Permanent Resident (has a "green card")
☐ Resident alien
☐ In the United States on a visa
Type of visa:
Expiration date:
☐ Undocumented ("illegal") alien
☐ Other (please explain below)
- c. Is the acquittee legally able to obtain employment? ☐ Yes ☐ No

If yes, please attach verifying documentation.

2. DNA Registry

- a. Has the acquittee been asked to provide a DNA sample pursuant to Connecticut General Statutes Section 54-102g? ☐ Yes ☐ No

If no, explain.

- b. Has a DNA sample been collected?

☐ Yes

☐ No

If no, explain.

- c. Is the acquittee required to register as a sex offender, pursuant to Connecticut General Statutes Section 54-250 through 54-261?

☐ Yes

☐ No

If no, explain.

3. Court Actions or Orders, Detainers, Restrictions

- a. Currently, are there any pending civil or criminal court actions or proceedings?

☐ Yes

☐ No

If yes, please describe.

- b. Currently, are there any civil or criminal court orders or detainers, FBI or Secret Service detainers or other restrictions or notification requirements in effect?

☐ Yes

☐ No

If yes, please describe.

- c. Currently, are there any court restraining orders in effect regarding the acquittee?

☐ Yes

☐ No

If yes, please describe.

- d. Currently, is the acquittee on probation as a result of other criminal convictions?

☐ Yes

☐ No

If yes, attach copy of the Conditions of Probation Order.

4. Conservator (attach appropriate documentation)

- a. Does the acquittee have a **Conservator of Estate**? ☐ Yes ☐ No

Probate Court:

Conservator Name:

Address:

Telephone #:

Fax #:

- b. Does the acquittee have a **Conservator of Person**? ☐ Yes ☐ No

Probate Court:

Conservator Name:

Address:

Telephone #:

Fax #:

- c. Does the acquittee have a **Conservator of Medical Care (or Treatment)**? ☐ Yes ☐ No

Probate Court:

Conservator Name:

Address:

Telephone #:

Fax #:

5. Family and Marital Status

- a. What is the acquittee's marital/relationship status? (Check all items that apply)
- ☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Involved in a relationship with a significant other
- b. Does the acquittee have children who are under 18 years of age? ☐ Yes ☐ No

If yes, please answer the following questions.

- (1) Are there any current court orders regarding the acquittee's parental rights, custody, support, visitation, and/or contact with the these children? ☐ Yes ☐ No

If yes, please attach a copy of the relevant order(s).

- (2) Is the Connecticut Department of Children and Families (DCF) involved? ☐ Yes ☐ No

If yes, please provide the following information.

Name of DCF Worker:
Address:
Telephone #:
Fax #:

B. CONDITIONAL RELEASE SUPERVISION**1. Conditional Release Supervisor**

Agency Name (if applicable):
Agency Executive Director (if applicable):
Name of Conditional Release Supervisor:
Address:
Telephone #:
Fax #:
Pager/Cell Phone #:

2. Conditional Release Supervisor will monitor the Conditional Release and perform the following services at the indicated frequency.

Services to be provided (check all that apply): Frequency

- ☐ Supervision meetings with acquittee
☐ Supervision telephone calls
☐ Visits to acquittee's residence
☐ Individual therapy
☐ Supportive counseling
☐ Group therapy

- ☐ Contacting all other service providers
- ☐ Verification of attendance at community substance abuse support meetings
- ☐ Random drug/alcohol screenings
- ☐ Contact with acquittee's employer
- ☐ Other services (specify below)

3. Office of Adult Probation Supervision

Is supervision by the Office of Adult Probation recommended?

☐ Yes☐ No

a. If yes, what are the recommendations for supervision?

b. Has the Office of Adult Probation been contacted and informed of the recommendations for supervision?

☐ Yes☐ No

C. COMMUNITY PROVIDER TRAINING AND INVOLVEMENT

1. Has the proposed Conditional Release Supervisor completed formal PSRB training?

☐ Yes☐ No

If yes, date:

2. Have other involved community providers, including relevant supervisory staff, completed formal PSRB training?

☐ Yes☐ No

If yes, please indicate:

Staff Name/Agency

Date

If no, when will training be completed?

Staff Name/Agency

Date

3. Have the Conditional Release Supervisor and relevant community providers been orientated by the treatment team regarding their roles and responsibilities?

☐ Yes☐ No

4. Have the Conditional Release Supervisor and relevant community providers been given a current copy of the *PSRB Acquittee Information Packet*?

☐ Yes☐ No

5. Have the Conditional Release Supervisor and relevant community providers attended the acquittee's hospital treatment planning meetings and been actively involved in planning this conditional release?

☐ Yes☐ No

D. CONDITIONAL RELEASE PLAN**1. Residential Plan**

- a. Where will the acquittee be living?
(Check all that apply)

☐ Acquittee's residence
☐ Family's residence
Name

Relationship

- ☐ DMHAS or DMR residential program
☐ Acquittee's residence with support from a DMHAS or DMR residential program
☐ Other mental health/human services agency residential program
☐ Other (please explain below)

Acquittee's address:

Acquittee's telephone number (if available):

- b. If proposed housing is a community-based residential program of DMHAS, DMR, or other mental health/human services agency, please complete the following.

Type of residential program:

Type of license from DPH:

Agency:

Executive Director:

Program Name:

Contact Person:

Address:

Telephone #:

Fax #:

**Residential Program Staff
Coverage/Availability**

- ☐ On-site 24-hours per day, 7 days per week
☐ On-site during work week, plus 24-hour beeper/telephone coverage
☐ Off-site during work week, plus 24-hour beeper/telephone coverage
☐ Off-site beeper/telephone coverage 24 hours per day, 7 days per week
☐ Other (please describe below)

**Residential Program
Services**

- ☐ Budgeting assistance
☐ Directly observe medication being taken
☐ Monitor medications by counts, medication boxes, etc.
☐ Individual counseling
☐ Group counseling
☐ Drug/alcohol counseling
☐ Random drug/alcohol screening
☐ Vocational rehabilitation program
☐ Daily living skills training/assistance
☐ Medical assistance
☐ House/residents/support group
☐ Structured recreation
☐ Visit acquittee's residence
☐ Congregate meals
☐ Other (please describe below)

- c. Is there a recommendation for a curfew, sign-in/sign-out log, or other form of residential monitoring? ☐ Yes ☐ No ☐ N/A

If yes, please describe:

- d. Required staff visits to the acquittee's residence other than by the Conditional Release Supervisor for the purposes of monitoring and supervision. ☐ N/A

Frequency:

Contact Person:

Agency:

Address:

Telephone #:

Fax #:

2. Activities

Complete all applicable sections listed below detailing activities in which the acquittee will be participating.

a. Community Providers (list all) ☐ N/A

- (1) Agency/Practitioner:

Executive Director:

Address:

Telephone #:

Fax #:

- (2) Agency/Practitioner:

Executive Director:

Address:

Telephone #:

Fax #:

- (3) Agency/Practitioner:

Executive Director:

Address:

Telephone #:

Fax #:

- (4) Agency/Practitioner:

Executive Director:

Address:

Telephone #:

Fax #:

- (5) Agency/Practitioner:

Executive Director:

Address:

Telephone #:

Fax #:

- (6) Agency/Practitioner:

Executive Director:

Address:

Telephone #:

Fax #:

b. Treatment Activities☐ N/AAgencyContact PersonActivityFrequency**c. Couples/Family Therapy**☐ N/AAgencyContact PersonFrequency**d. Psychosocial/Educational/Other Community Support Activities**☐ N/AAgencyContact PersonActivityFrequency**e. Pre-Employment Vocational Services**☐ N/AAgencyContact PersonActivityFrequency**f. Employment**☐ N/A

- (1) Type of Employment
(Check all that apply)

☐

Volunteer

☐

Sheltered Workshop

☐

Competitive

Employer(s) Name(s):

Address(es):

Telephone #:

- (2) Based on clinical considerations, how many hours may the acquittee work per week?

- (3) Have supervisor(s) and relevant managers at the proposed work site been oriented?

☐ Yes☐ No**If yes**, by whom:**If no**, when and by whom will this be done?

- (4) Will vocational counseling/other vocational services be provided to the acquittee while employed?

☐ Yes☐ No**If yes**, please specify:

Agency:

Executive Director:

Contact Person(s):

Address:
Telephone #:
Fax #:

3. Monitoring of Medication Compliance☐ **N/A**

Method of Monitoring:
Frequency:
Agency:
Contact Person:
Address:
Telephone #:
Fax #:

Method of Monitoring:
Frequency:
Agency:
Contact Person:
Address:
Telephone #:
Fax #:

4. Drug and Alcohol Screenings☐ **N/A**

Type:
Frequency:
Agency:
Contact Person:
Address:
Telephone #:
Fax #:

Type:
Frequency:
Agency:
Contact Person:
Address:
Telephone #:
Fax #:

5. Health Care Providers

Primary Medical Provider:
Address:
Telephone #:
Fax #:

Has provider been informed of acquittee's PSRB status?

☐ Yes☐ No***Major/Relevant Medical Conditions***

Medical Condition:
Medical Provider:
Address:
Telephone #:
Fax #:

Has provider been informed of acquittee's PSRB status?

☐ Yes☐ No

Medical Condition:
Medical Provider:
Address:
Telephone #:
Fax #:

Has provider been informed of acquittee's PSRB status?

☐ Yes☐ No

Medical Condition:
Medical Provider:
Address:
Telephone #:
Fax #:

Has provider been informed of acquittee's PSRB status? ☐ Yes ☐ No

6. Social Contacts

- a. List below the name and relationship to the acquittee of each friend, family member, or significant other with whom the acquittee will or may maintain **regular** contact.

Full Name

Relationship

- b. Do any of the friends, family members, or significant others listed above have **recent** histories of substance abuse? ☐ Yes ☐ No

If yes, please describe.

- c. Do any of the friends, family members, or significant others listed above have histories of criminal activities, arrests, and/or convictions? ☐ Yes ☐ No

If yes, please describe.

- d. Do the treatment team/community providers recommend any specific conditions (e.g., supervision, couples/family therapy, family support/education) for contact with any of the friends, family members, or significant others listed above? ☐ Yes ☐ No

If yes, please describe.

7. Limited or Prohibited Contacts

- a. May the acquittee have contact with the victim(s) of his/her crime? ☐ Yes ☐ No ☐ N/A

If yes, under what circumstances/limitations?

- b. Will the acquittee have contact or visits with his/her own children under 18 years of age? ☐ Yes ☐ No ☐ N/A

If yes, what are the recommendations regarding contact or visits?

- c. Will the acquittee have ongoing contact with children under 18 years of age known to the acquittee? ☐ Yes ☐ No ☐ N/A

If yes, what are the recommendations regarding contact or visits?

If yes, has the parent(s) or legal guardian(s) of the children under 18 years of age given their permission for contact with the acquittee? ☐ Yes ☐ No

If no, please explain.

- d. Should there be limitations on contact with other children under 18 years of age? ☐ Yes ☐ No

If yes, please explain.

- e. Are there other specific persons with whom contact by the acquittee should be limited or prohibited? ☐ Yes ☐ No

If yes, please explain.

8. Computer, Internet and E-Mail Access

- a. The acquittee will have access to:
- | | | |
|----------|------------------------------|-----------------------------|
| Computer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Internet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E-mail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- b. Are there any contraindications/risk management issues for access? ☐ Yes ☐ No

If yes, please describe the recommended restrictions.

9. Travel and Transportation

- a. Who will provide transportation for the acquittee? (Check all that apply)
- ☐ Community agency
Name(s) of agency:
- ☐ Family/Significant other
Name(s) of Family/Significant Other:
- ☐ Public transportation in own custody
- ☐ Acquittee's own vehicle (attach a copy of registration and proof of insurance)
- ☐ Other (please describe)
- b. Are there limitations for where the acquittee may travel within the State of Connecticut? (Include towns or locations prohibited) ☐ Yes ☐ No

If yes, please describe.

- c. May the acquittee travel and participate in leisure/recreation activities in his/her own custody? ☐ Yes ☐ No
- (1) Describe any time limitations for travel during leisure time in his/her own custody.
- (2) Describe any geographic limitations for travel during leisure time in his/her own custody.
- d. Recommendations Regarding Motor Vehicles

- (1) Is it recommended that an acquittee be permitted to drive a motor vehicle? ☐ Yes ☐ No

If yes, describe the recommended conditions or restrictions and attach a copy of the driver's license.

May the acquittee have passengers? ☐ Yes ☐ No

If yes, describe any recommended conditions or restrictions.

- (2) May the acquittee be a passenger in a motor vehicle driven by someone other than a community provider? ☐ Yes ☐ No

If yes, describe any recommended conditions or restrictions.

e. Proposed Out-Of-State Travel

May the acquittee travel out of the State of Connecticut for day trips? ☐ Yes ☐ No

If yes, describe.

10. Six-Month Reporter

Agency:

Executive Director (if applicable):

Name of Designated Reporter:

Address:

Telephone #:

Fax #:

Email Address:

11. Other Conditions

Are there any other recommendations for this conditional release? ☐ Yes ☐ No

If yes, please explain.

12. Finances

- a. How will the costs of the proposed services and living expenses be covered?

(Check all that apply)

Type (If applicable)

Amount

- ☐ Savings
☐ Insurance
☐ Government entitlements
☐ Employment
☐ DMHAS
☐ DMR
☐ Family
☐ Other (specify below)

- b. Please list any housing costs (rent, mortgage, etc.) to be paid by the acquittee.
- c. Please list any costs for treatment or support services to be paid by the acquittee.
- d. Please describe any fiscal concerns related to this conditional release and how they will be addressed.
- e. Does the acquittee require budget assistance? ☐ Yes ☐ No

If yes, who will provide that service?

- f. Does the acquittee require third party payeeship? ☐ Yes ☐ No

If yes, who will provide that service?

Provider:

Contact Person (if other than provider):

Address:

Telephone #:

Fax #:

Conditional Release Application Signatures (For application filed by CVH)

1. Conditional Release Application was prepared by:

_____ Date_____

2. Conditional Release Application was reviewed and approved by:

_____ Date_____

CVH Attending Psychiatrist

_____ Date_____

Consulting Forensic Psychiatrist, DMHAS

_____ Date_____

CVH Superintendent/Designee

Conditional Release Application Signatures (For application filed by other agency/person)

Conditional Release Application was prepared by:

_____ Date_____

Name

Printed name of signatory

Agency, if applicable

EMERGENCY PLAN FOR ACQUITTEES ON CONDITIONAL RELEASE*

Acquittee's Name:

Address:

Insurance Provider:

Policy #:

Group #:

Conditional Release Supervisor:

Agency:

Telephone #:

Fax #:

Beeper #:

Cell #:

PHONE NUMBERS FOR REQUIRED NOTIFICATIONS

1. Psychiatric Security Review Board (PSRB): Telephone #: (860) 566-1441 Fax #: (860) 566-1425
Use the beeper after hours **OR** if you only
reach voicemail - Leave your name, telephone Beeper #: (800) 362-7243
number, acquittee's name and nature of the PIN# "112233" or "PSRB"
situation. If you get no response within 15
minutes, beep again.
2. DMHAS Conditional Release Service Unit:
Erin Leavitt-Smith, L.P.C. Telephone #: (860) 262-5879 Fax #: (860) 262-5841
Beeper #: (800) 946-4645 PIN# 860 820 8534
3. Other Emergency Contacts (e.g., agency administrators, acquittee's family members, etc.)

Name: Telephone #:

Name: Telephone #:

Name: Telephone #:

Name: Telephone #:

VOLUNTARY INPATIENT TREATMENT OPTIONS

- | | | |
|---|---------|--------------|
| <input type="checkbox"/> Respite Bed | Agency: | Telephone #: |
| <input type="checkbox"/> Crisis Bed | Agency: | Telephone #: |
| <input type="checkbox"/> Other | Agency: | Telephone #: |
| <input type="checkbox"/> Community Hospital | Name: | Telephone #: |
| <input type="checkbox"/> DMHAS Funded Inpatient Service | Name: | Telephone #: |
| <input type="checkbox"/> Connecticut Valley Hospital | | |

Transportation Options for Voluntary Placement:

- Community staff may transport if transport determined safe
- By ambulance, arranged by community

INVOLUNTARY HOSPITALIZATION BY ORDER OF REVOCATION BY THE PSRB

Admission to the Dutcher Service or the maximum-security Whiting Service of the Whiting Forensic Division of Connecticut Valley Hospital is to be determined by the PSRB.

Transportation Options for Revocation:

- Community staff may transport if determined safe
- By ambulance, arranged by community
- By DMHAS Public Safety (by PSRB Order)
- By Connecticut State Police - arranged by PSRB or DMHAS Public Safety (by PSRB Order)

***Conditional Release Supervisor to review and update at every All Treaters Meeting.**

Copies to be filed with:

1. Acquittee
2. PSRB
3. Conditional Release Supervisor
4. LMHA Mobile Crisis
5. DMHAS Conditional Release Service Unit
6. Residential Program
7. Office of Adult Probation
8. Others (please list below)

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Connecticut Valley Hospital
Conditional Release Application Community Provider Approval Form

I have received and reviewed the *Psychiatric Security Review Board (PSRB) Acquittee Information Packet* for _____ and the enclosed Application for Conditional Release. [Acquittee's Name]

For the purposes of this Conditional Release, this agency/private practitioner agrees to provide the following services:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

This agency/private practitioner agrees to immediately notify the PSRB—as ordered by the PSRB and as required by Connecticut General Statutes Section 17a-580, et seq.—should the acquittee be non-compliant with any aspect of the Conditional Release described in this application.

Signature of Agency Director/Private Practitioner

Date

Printed Name of Agency Director/Private Practitioner

Agency Name

Application for Out-Of-State Travel by Conditionally Released Psychiatric Security Review Board Acquittees (CGS, Sect 53a-169)

This application MUST be submitted to the PSRB at least four (4) weeks prior to travel

Acquittee Information

Name:

NGRI Charge(s):

Has acquittee traveled out of the state previously? ☐ Yes ☐ No

Travel Information

a. *Purpose of travel:*

b. *Destination:*

Name and Address:

Telephone number (include area code):

c. *Date & time leaving Connecticut:*

d. *Date & time of return to Connecticut:*

e. *Mode of transportation (if by commercial vendor provide schedule):*

☐ Automobile (includes vans, trucks)

Will acquittee be driving? ☐ Yes ☐ No

☐ Bus

☐ Plane

☐ Train

☐ Other Specify:

f. *Recommendations for call ins to*

(specify person or agency and check all that apply): _____

☐ Upon arrival at destination

☐ Upon arrival home

☐ While out of the state

Specify:

☐ None

Application for Out-Of-State Travel by Conditionally Released Psychiatric Security Review Board Acquittees (CGS, Sect 53a-169)

Travel Arrangements

a. *Will acquittee be traveling alone?* ☐ Yes ☐ No

If no, who will be acquittee's travel companion(s)?

Name:

Relationship(s):

Supervision

a. *Will there be third party supervision?* ☐ Yes ☐ No

If yes, name of supervisor:

Relationship:

If supervision is an agency, state the staff/client ratio:

Memorandum of Decision Monitoring

Arrangements for monitoring or implementing conditional release conditions while out of the state, (i.e., medication monitoring, etc.):

List any special conditions recommended for out of state travel. *For extended travel include name of a mental health clinic to be used in case of emergencies and substance abuse groups the acquittee could attend while out of the state.*

Application for Out-Of-State Travel by Conditionally Released Psychiatric Security Review Board Acquittees (CGS, Sect 53a-169)

Clinical Justification

Comment on clinical justification for the proposed travel, assessment that acquittee can carry out travel requirements and that he/she would not pose a danger to self or others (attach report if necessary) and briefly describe general activities that the acquittee may be participating in that were not addressed.

Date

Signature

Printed Name

Relationship to acquittee

APPENDIX B - SAMPLES

SAMPLE

RE: JOHN DOE

Psychiatric Security Review Board
ID Number: 0000 DOB: 12-23-45
Document Number: 05-11-0000

MEMORANDUM OF DECISION

On October 14, 2005, the Psychiatric Security Review Board (Board) held a hearing to review the status of John Doe, pursuant to Connecticut General Statutes Section 17a-585.

John Doe was committed to the jurisdiction of the Board on March 21, 1986 by the Bridgeport Superior Court for a period not to exceed 25 years after he was acquitted by reason of mental disease or defect of the charge of Murder.

At the hearing, the parties appearing were Assistant State's Attorney Joseph Corradino, representing the Fairfield Judicial District State's Attorney's Office; John Doe, the acquittee, represented by Public Defender Joseph Bruckmann. The witnesses were Kelley Machado, LCSW, of Greater Bridgeport Community Mental Health Center (GBCMHC); and Julie Wilson, LCSW of the Office of Forensic Evaluations, Department of Mental Health and Addiction Services.

Kelley Machado, LCSW, John Doe's conditional release supervisor, testified as follows: Since his last review, John Doe has continued to receive outpatient mental health treatment from GBCMHC. He continues individual sessions with Dr. Ralph Ford, focusing on interpersonal skills, labeling and expressing emotions and adaptive skills to manage stress, frustration and anger. John Doe continues to meet with Dr. Roxanna Llovet at least monthly to evaluate and monitor his mental status and prescribe appropriate medications. He attends weekly Relapse Prevention groups at GBCMHC and meets with Ms. Machado on a weekly basis for conditional release supervision. John Doe remains employed at Goodwill Industries and he continues to receive ongoing medical care. He continues to reside at the supervised apartment program of the Regional Network of Programs.

Over the last several years, Dr. Llovet has been monitoring John Doe's display of facial tics, which are believed to be a result of years of Haldol usage. As a result of this, approximately 11 months ago, John Doe's medication regime was changed to include Abilify. The change to Abilify was implemented very slowly. However, John Doe experienced an exacerbation of symptoms in May and June of 2005. These symptoms included vague auditory and visual hallucinations and an increase in paranoia. During this time, John Doe was extremely forthcoming with his treatment providers regarding the existence of symptoms that he had not experienced in 20 years, and the emotional concern and vulnerability that he experienced as a result of the return of these symptoms. He welcomed the increase of intervention by all of his service providers and voluntarily entered inpatient treatment at Connecticut Valley Hospital (CVH) when community living became too overwhelming for him. These incidents were extremely stressful for John Doe and he showed an ability to manage his mental illness in an appropriate and safe manner. Since his release from CVH in August 2005, he has remained stable in the community. He has returned to working and functioning at previous levels.

Prior to an arranged medical leave during his psychiatric difficulties, John Doe had been doing very well at his place of employment. There were a couple of conflicts that he faced there, but he was able to handle them appropriately with minimal intervention by his treatment providers. Over the last few years, he has had two job coaches and is awaiting the arrival of a third, to which he has adjusted well.

He has remained living in the supervised apartment program of the Regional Network of Programs. The residence was sold to another landlord, who has subsequently raised the rent by \$200 over the last two years, causing his monthly rent to go from \$550 to \$750. John Doe has spent a great deal of time with his treatment providers discussing concerns over his ability to maintain his apartment with his current finances. He has investigated new apartments in the Bridgeport area that may be less expensive. If there were to be a request to change residence he would take all of his services with him. He would remain a client of Regional Network of Programs and they would continue to provide outreach and case management services to him. GBCMHC would continue to provide all of his treatment and would arrange for a nursing service to deliver his medications twice daily.

Ms. Machado concluded her testimony as follows: John Doe has displayed progress in his independent living skills. He has taken responsibility for being proactive regarding his mental health and has continually and positively handled conflict and stress in his life. There have been no issues or concerns regarding his compliance with his Memorandum of Decision (MOD). During the last two years, John Doe has remained engaged and proactive with his outpatient psychiatric treatment. He has complied with all aspects of his MOD and conditions of release. He has exemplified progress in many aspects of his life, including problem solving, conflict resolution and seeking support when his stability and mental health were challenged.

Julie Wilson, LCSW, six-month reporter, testified as follows: John Doe's psychiatric diagnoses are: on Axis I, Schizophrenia, Undifferentiated Type, Episodic, with no Interepisode Residual Symptoms; Personality Change Due to Traumatic Brain Injury, Combined Type; on Axis II, Borderline Intellectual Functioning. He currently takes the psychiatric medication Haldol.

John Doe experienced significant changes in his psychopharmacological regimen secondary to the development of facial tics. In December 2004, he was started on the psychiatric medication Abilify, increasing by five milligrams every two weeks and remained on Haldol. He reached a therapeutic level of Abilify in March 2005. In April 2005, his Haldol was slowly titrated down by 2 milligrams every month. Initially, John Doe appeared to be adjusting well to the addition of Abilify and the decrease of Haldol. By June 2005, John Doe started to complain of auditory and visual hallucinations, non-specific paranoia and sleep disturbances. His treatment providers noted that he was easily confused, had memory problems and was not oriented to all spheres at all times. His Haldol was increased to the original dosage, and then increased further when his symptoms did not dissipate. It was at this time that Abilify was decreased and eventually discontinued. As a result of John Doe's recent psychiatric decompensation, he requested and was granted a voluntary admission to CVH.

Ms. Wilson's mental status evaluation used for this hearing was conducted while John Doe was inpatient at CVH in July 2005. He presented as calm, attentive and maintained good eye contact. His mood was euthymic and his affect was of full range. He denied being preoccupied, depressed, hopeless, suicidal or homicidal. He denied having any difficulty controlling his temper or being irritable, angry or impulsive. He denied experiencing any perceptual disturbances, but exhibited minimal difficulty organizing his thoughts. There was no clinical

evidence or report of mood dysregulation, psychosis, paranoid thinking or difficulty with frustration tolerance or impulse control. He denied having any preoccupation with using alcohol or other substances or having experienced cravings for any of these substances.

Cognitive examination during the July 2005 evaluation was consistent with his performance during previous examinations. He was alert and oriented to person, place and the exact date and was aware of recent events in the news. His attention and concentration were in the low average range. In regards to memory, he continued to exhibit some difficulty recalling dates and information. His thinking is predominantly concrete and rigid. His insight regarding his illness, the importance of medication compliance and support to maintain a stable mental status, the early warning signs of a change in his mental status and the need to report these signs, as evidenced especially during a period of decompensation, was rated as fair to good.

John Doe's risk factors include a history of psychiatric decompensation with psychotic features, traumatic brain injury, borderline intellectual functioning, alcohol and substance abuse, violence toward others and non-compliance with treatment. During this two-year reporting period, there has been no evidence of dangerous behavior, although he did experience an activation of one of his risk factors, a psychiatric decompensation. He identified the symptoms associated with this risk factor and immediately informed his treatment providers. His treatment team effectively implemented risk management plans for managing his risk.

During this reporting period, all screens for alcohol and other substances of abuse have been reported as negative and there has been no evidence of dangerous, impulsive or maladaptive behavior. His compliance with treatment and the conditions of his MOD have consistently been described as excellent.

Progress has been identified that may positively impact the mitigation of his risk factors. For example, John Doe continued to demonstrate a better ability to manage his stress. He has faced numerous stressors, including a rent increase, various issues at work, a brief separation from his girlfriend and psychiatric decompensation. He effectively managed these situations, as evidenced by his increased awareness of the difficulty adjusting to these changes and utilization of his improved communication and interpersonal skills. He has successfully transitioned into a more independent living environment, which had a positive effect on his mood, adaptive functioning and general well being. He engages in social activities and has developed positive relationships with his peers and residential staff.

Ms. Wilson concluded her testimony as follows: John Doe has shown continuous progress in all areas of his life and treatment. It is Ms. Wilson's opinion that he continues to suffer from a mental illness that requires treatment and supervision, but under the stipulations of his current plan of care, he does not present a significant danger to himself or others at this time and can remain on conditional release in the community.

The administrative record indicates the following: John Doe successfully transitioned to a more independent residential setting and there was no indication that the move activated risk factors or any maladaptive responses. He remained well engaged in treatment. He was honest and open with his treaters when he began experiencing psychotic symptoms and worked closely with his providers as they attempted to control them but ultimately resulted in his request for a voluntary hospitalization.

Based on the evidence, the Board finds the following facts: John Doe continues to have a

psychiatric disability and continues to require treatment, monitoring and supervision, which can be adequately and safely provided in the community on conditional release. John Doe experienced a psychiatric decompensation secondary to a change in medication resulting in a voluntary hospitalization. John Doe was forthcoming with his community treatment providers in regards to the symptomatology he was experiencing during his decompensation and was responsive to and accepting of any and all recommendations. He has made progress in treatment and in his independent living skills. John Doe can safely remain on conditional release under the conditions contained within this order without constituting a danger to himself or others.

Based on the facts, the Board finds that John Doe remains a person who can be conditionally released; he has a psychiatric disability to the extent that his final discharge would constitute a danger to himself or others but can be adequately treated and supervised in the community.

ORDER

Pursuant to Connecticut General Statutes Sections 17a-584, 17a-586 and 17a-588 through 17a-591 inclusive, the Board hereby ORDERS:

John Doe shall remain conditionally released under the following conditions:

Reporting Responsibilities of all Community Providers and the Six-Month Reporter

Reporting responsibilities shall include but are not limited to:

- Reporting immediately to the Board any violation of this conditional release order, deterioration in mental status, treatment noncompliance, including noncompliance with substance abuse treatment or a positive drug or alcohol screening, or noncompliance with supervision requirements by providers
- Providing any report made to the Board to the DMHAS Conditional Release Service Unit

Greater Bridgeport Community Mental Health Center (GBCMHC) Responsibilities

GBCMHC shall maintain oversight of this conditional release, with responsibilities that shall include but are not limited to:

- Monitoring John Doe's compliance with this conditional release
- Providing mental status examinations with a psychiatrist at least once per month, and prescriptions as necessary
- Notifying the Board if John Doe requires a change in the type or dosage of psychotropic medication by submitting a written report detailing the clinical reasons for the change, prior to the change and wait for Board approval before instituting the change. If a medical emergency warrants an immediate change, his psychiatrist shall notify the Board as soon as possible
- Providing individual therapy at least once per month
- Performing random blood or urine analysis for purposes of monitoring alcohol consumption and illicit drug usage at least once per month
- Providing or arranging transportation if John Doe is unable to arrange for his own transportation
- Ensuring that direct care and supervisory staff complete the required DMHAS-PSRB training prior to providing services
- Conditional Release Supervisor responsibilities shall include but are not limited to:
 - Providing conditional release supervision meetings at least once per week

- Providing visits to John Doe's home at least once per month
- Contacting all community providers and having direct or indirect contact with his employer at least once per month to determine compliance by John Doe and compliance by providers with the provision of services
- Approving part-time employment, educational pursuit, day treatment program or volunteer work
- Confirming John Doe's attendance at community substance abuse meetings
- Approving, in conjunction with other community service providers, when John Doe may use public transportation in his own custody
- Notifying the Board of any change in telephone number
- Submitting a request to the Board regarding a proposed change in residence
- Informing the Board of the name of John Doe's primary care physician
- Informing the Board of any changes in community providers
- Providing written reports to the Board addressing John Doe's progress, compliance with conditions of release and adjustment in the community
- Submitting an Application for Modification of Conditional Release in collaboration with the DMHAS Conditional Release Service Unit for any changes in this Order in writing for the Board's consideration, pursuant to CGS Section 17a-591
- Reviewing this order with John Doe and forwarding a copy of the signed statement acknowledging John Doe's receipt and understanding of this Memorandum of Decision within 10 days of receipt of this order

Regional Network of Programs Responsibilities

Responsibilities shall include but are not limited to:

- Monitoring John Doe's compliance with this conditional release
- Providing case management contact at least once per week
- Providing budget counseling or assistance, as needed
- Providing residential support and services through the Supervised Apartment Program
- Providing direct observation of medication administration
- Approving part-time employment, educational pursuit, day treatment program or volunteer work in conjunction with his conditional release supervisor
- Ensuring that John Doe informs appropriate staff when his family or girlfriend transports him and provides the purpose of the trip(s)
- Approving, in conjunction with his conditional release supervisor, when John Doe may use public transportation in his own custody
- Directing John Doe to have random blood or urine analysis for purposes of monitoring alcohol consumption and illicit drug usage, if necessary

DMHAS Office of Forensic Evaluations Responsibilities

Responsibilities shall include but are not limited to:

- Reporting every six months to the Board on the mental condition, mental status and course of treatment of John Doe, pursuant to Connecticut General Statutes Section 17a-586, addressing his progress, compliance with conditions of release and adjustment in the community, submitting the next six-month report by January 31, 2006
- Sending a copy of the six-month report to John Doe's conditional release supervisor and psychiatrist
- Submitting an Application for Modification of Conditional Release for any changes in this Order in writing for the Board's consideration, pursuant to CGS Section 17a-591

John Doe's Responsibilities and Authorizations

- Comply with all conditions of this conditional release
- Cooperate with all community providers as it relates to agency rules, regulations, recommendations and treatment
- Participate in a substance abuse program as deemed appropriate by community providers at least twice per week, and provide proof of attendance at community meetings to conditional release supervisor
- May use public transportation in own custody, after approval from conditional release supervisor and other community providers
- May be transported and be a passenger in a motor vehicle driven by family members and inform community providers who is transporting him and for what purpose(s)
- May be transported by Jane Doe for social purposes only and inform community providers when she is transporting him and the purpose of the trip
- Inform conditional release supervisor of all medical appointments and medical recommendations
- Inform conditional release supervisor of any missed meetings, sessions or absences from work
- Maintain part-time employment at least 10-20 hours per week, which can be substituted if approved by conditional release supervisor with another viable day treatment program, volunteer work, educational pursuit or employment activity
- Notify GBCMHC if unable to arrange transportation
- Provide Releases of Information (ROI), as requested
- Submit to a search of person, residence and property or Internet use by community providers or any law enforcement officer
- Inform any community provider of a change in mood or behavior

John Doe's Restrictions and Prohibitions

- Obey all laws and promptly report to conditional release supervisor the fact that he has been arrested for, charged with or questioned by any law enforcement agent regarding any matter
- May not operate a motor vehicle until a thorough re-evaluation is performed and submitted to the Board
- May only be transported by Jane Doe for social purposes
- Not use any alcoholic beverages
- Not enter any establishment where the primary purpose of that establishment is the sale of alcohol
- Not leave the state of Connecticut
- Not use, possess, handle, traffic in, transport, or otherwise be involved with any illegal narcotics, dangerous drugs or controlled substances
- Not use any medication without a prescription or use over-the-counter medication without notification to conditional release supervisor
- Not own, use, possess, receive, transport or have access to any firearm, ammunition, defensive or other weapons including but not limited to his place of work, residence or residences of those he visits
- Not knowingly associate or participate in any activities with persons known to carry weapons including but not limited to, his place of work, residence or residences of those he visits

- Not knowingly associate with persons who have been arrested for, charged with, convicted of, or involved in any criminal activity without the prior authorization of his conditional release supervisor and notification to the Board
- Not gamble, which includes government-sponsored lotteries, or enter any casino grounds

This Order may be appealed in accordance with the provisions of Chapter 54 of the Connecticut General Statutes.

Dated: November 10, 2005

Psychiatric Security Review Board

Ellen Weber, Executive Director
On Behalf of the
Psychiatric Security Review Board

pc State's Attorney Jonathan Benedict
Public Defender Joseph Bruckmann
Kelley Machado, LCSW, GBCMHC
Ralph Ford, Ph.D., GBCMHC
Dr. Roxanna Llovet, GBCMHC
Hoffman Jean-Louis, Regional Network of Programs, Supervised Apartment Program
Cora Chiru, Goodwill Industries of Western Connecticut, Inc.
DMHAS Conditional Release Service Unit
Julie Wilson, LCSW, DMHAS Office of Forensic Evaluations
John Doe

I have read or had read to me and understand and accept the new conditions under which I will be conditionally released by the Board.

I understand that noncompliance with any of the conditions of my conditional release may result in any or all of the following:

1. Notification to the proper legal authorities;
2. Arrest and prosecution;
3. Notification to the Board;
4. Emergency custody and hospitalization pursuant to CGS Section 17a-498;
5. Notification to DMHAS, Forensic Services Division;
6. Revocation of conditional release and hospitalization, pursuant to CGS Section 17a-594;
7. Modification of conditional release, pursuant to CGS Section 17a-591.

Date

John Doe, Acquittee

Date

Witness

Printed name of witness

The conditional release supervisor shall return a signed copy of this statement within 10 days of receipt of this order.

ACKNOWLEDGEMENT OF RECEIPT OF CONDITIONAL RELEASE PROGRESS REPORT

The signing of this document acknowledges the receipt of the Conditional Release Progress Report, MOD# 05-11-0000, hard copy and 3.5" disk for John Doe. This Conditional Release Progress Report shall be used to report quarterly on John Doe's progress, compliance with conditions of release and adjustment to the community.

The quarterly reports are due on the first of the month and no later than the tenth of the month following the quarter to be reported, as follows: March 2006, June 2006, September 2006, December 2006 and each quarter thereafter.

Signature of conditional release supervisor or their representative

Date

The conditional release supervisor shall return a signed copy of this statement within 10 days of receipt of this order.

SAMPLE

ALL TREATERS TEAM MEETING AGENDA

Acquittee Name:

Date:

1. Conditional Release Supervisor Update

- ◆ Presentation of agenda items and sign-in sheet
- ◆ Brief update of course of treatment/recovery since the last All Treaters Team Meeting with identification of changes, progresses and challenges in areas including:
 - Acquittee's compliance with treatment, community providers' recommendations, stipulations of the Conditional Release Order
 - Risk management issues
 - Adjustment to psychosocial stressors
 - Engagement in treatment
 - Ability to communicate with, report to, and ask for assistance from community providers
 - Provision of services by the agency

2. Psychiatric update

3. Medical update

4. Therapy update

5. Alcohol/Substance Abuse Treatment update

6. Residential update

7. Vocational update

8. Family issues/dynamics update

9. Social, recreational and educational updates

10. Presentation by the acquittee of any agenda item he or she may have

11. Other agenda items e.g. request for modification, mandatory review of status, changes in staff, staff coverage, DMHAS-PSRB Training, preparation for discharge, changes in treatment plan, etc.

12. Wrap-up by the Conditional Release Supervisor

- ◆ Review/Update of Emergency Plan for Acquittees on Conditional Release
- ◆ Scheduling of next All Treaters Team Meeting

SAMPLE FORMAT

APPLICATION FOR MODIFICATION OF CONDITIONAL RELEASE

Date

Ellen Weber, Executive Director
Psychiatric Security Review Board
505 Hudson Street, 1st Floor
Hartford CT 06106

Re: Application for Modification of Conditional Release for NAME OF ACQUITTEE

Dear Ms. Weber:

MODIFICATION REQUEST – *Specifically state what the request is, i.e., decrease in frequency of therapy session, discharge from residential program, ability to operate a motor vehicle, etc., anything that is different from the current order. Be specific in the change being requested in regards to numbers and time frames.*

CLINICAL JUSTIFICATION – *Describe why clinically the request makes sense to foster an acquittee's recovery. Be as specific as possible and use any concrete examples to support the request. Describe any risks associated with the request and how they will be managed.*

COMMUNICATION WITH OTHER PROVIDERS – *Describe any communication with other relevant treaters (psychiatrist, probation officer, residential staff, etc.) and their support of the request.*

Thank you for consideration of this request.

Sincerely,

***Name and Title** of person or persons submitting the application

pc DMHAS Conditional Release Service Unit
 Anyone else that may need to have a copy of the application

*Depending on the nature of the request, community providers may want to have co-signatures

SAMPLE

May 31, 2006

Ellen Weber, Executive Director
Psychiatric Security Review Board
505 Hudson Street, 1st Floor
Hartford CT 06106

Re: Application for Modification of Conditional Release for John Doe

Dear Ms. Weber:

The community treatment team is requesting a modification to John Doe's current Memorandum of Decision. Specifically, we are requesting a decrease in the frequency that Mr. Doe has to meet with his psychiatrist, Dr. Joe Smith, from one time per month to once every three months.

Mr. Doe has lived in the community for five years without incident. He has been compliant with all treatment recommendations and has fully participated in treatment. According to Dr. Smith, Mr. Doe has been clinically stable on his current regimen of medications, is a good reporter of any psychiatric symptoms or a change in mood or behavior and a decrease would not negatively affect his risk factors. Clinically, it is appropriate to decrease the frequency of meetings with his psychiatrist given his long history of clinical stability and compliance. Mr. Doe's case manager is also in support of this request. Mr. Doe would still maintain his other clinical interventions including once monthly meetings with his individual therapist and weekly meetings with his conditional release supervisor.

Thank you for consideration of this request.

Sincerely,

Sally Mack
Conditional Release Supervisor

pc DMHAS Conditional Release Service Unit

**PSYCHIATRIC SECURITY REVIEW BOARD
CONDITIONAL RELEASE PROGRESS REPORT**

Section 17a-581-55(c), Regulations for State of Connecticut Agencies

(File **ORIGINAL** to the following address no later than the 10th of the month following the period to be reported)
Psychiatric Security Review Board, 505 Hudson Street, First Floor, Hartford, CT 06106

REPORT MONTHS

John Doe was hospitalized during the **entire** reporting period.

☐ Yes

☐ No

Acquittee's Name

John Doe ID: 0000

Supervising Agency

97 Middle Street
Bridgeport, CT 06604

Current Address

123 Anywhere Road
Bridgeport, CT 06606
Telephone: 203-555-1234

Conditional Release Supervisor

Name:
Telephone: 203-555-3456

CURRENT DIAGNOSES

Axis I
Axis II
Axis III

Has there been a change in diagnosis since the last report? ☐ Yes ☐ No If yes, please describe in comments section.

CURRENT MEDICATIONS

Psychotropic Medication

	Dosage	Method	Frequency
Haldol	5 mg	po	qam
Haldol	10 mg	po	qhs

Other Medication

	Dosage	Method	Frequency
Zocor	20 mg	po	qd

CONDITIONS PER MOD # 05-05-5555

SUPERVISNG AGENCY RESPONSIBILITIES

Supervising Agency shall maintain oversight of this conditional release, with responsibilities that shall include but are not limited to:

Please check appropriate box and explain, if necessary

Monitoring John Doe's compliance with this conditional release

☐ Yes ☐ No

If no, explain:

Providing mental status examinations with a psychiatrist at least once per month, and prescriptions as necessary

☐ Yes ☐ No

Name of psychiatrist:

Date:

Date:

Date:

If no, explain:

Providing individual therapy at least once per month

☐ Yes ☐ No

Date:

Date:

Date:

If no, explain:

Performing random blood or urine analysis for purposes of monitoring alcohol consumption and illicit drug usage at least once per month

☐ Yes ☐ No

Date:

Date::

Date:

If result(s) positive, explain::

Providing or arranging transportation if John Doe is unable to arrange for his own transportation

☐ Yes ☐ No

If no, explain:

☐ N/A for this period

Ensuring that direct care and supervisory staff complete the required DMHAS-PSRB training prior to providing services ☐ Yes ☐ No If no, explain:
☐ N/A for this period

Conditional Release Supervisor Responsibilities shall include but are not limited to:

Please check appropriate box and explain, if necessary

Providing conditional release supervision meetings at least once per week ☐ Yes ☐ No Date: Date:
 Date: Date:
 Date: Date:
 Date: Date:
 Date: Date:
 If no, explain:

Providing visits to John Doe's home at least once per month ☐ Yes ☐ No Date: Date:
 If no, explain:

Contacting all community providers and having direct or indirect contact with his employer at least once per month to determine compliance by John Doe and compliance by providers with the provision of services ☐ Yes ☐ No If no, explain:

Approving part-time employment, day treatment program or volunteer work ☐ Yes ☐ No If no, explain:

Confirming John Doe's attendance at community substance abuse meetings ☐ Yes ☐ No If no, explain:

Approving, in conjunction with other community providers, when John Doe may use public transportation in his own custody ☐ Yes ☐ No If yes, explain:
☐ N/A for this period

Notifying the Board of any change in telephone number ☐ Yes ☐ No If no, explain:
☐ N/A for this period

Submitting a request to the Board regarding a proposed change in residence ☐ Yes ☐ No If no, explain:
☐ N/A for this period

Informing the Board of the name of John Doe's primary care physician ☐ Yes ☐ No If no, explain:

Informing the Board of any changes in community providers ☐ Yes ☐ No If no, explain:
☐ N/A for this period

RESIDENTIAL RESPONSIBILITIES

Responsibilities shall include but are not limited to:

Please check appropriate box and explain, if necessary

Monitoring John Doe's compliance with this conditional release	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Providing case management contact at least once per week	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Date: Date: Date: Date: Date: Date: Date: Date: If no, explain:	Date: Date: Date: Date: Date: Date: Date: Date: Date:
Providing budget counseling or assistance, as needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for this period	If no, explain:	
Providing residential support and services thorough the Supervised Apartment Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Providing direct observation of medication administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Approving any part-time employment, day treatment program or volunteer work in conjunction with his conditional release supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for this period	If yes, explain:	
Ensuring that John Doe informs appropriate staff when his family or girlfriend transports him and provides the purpose of the trip(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for this period	If no, explain:	
Approving, in conjunction with his conditional release supervisor, when John Doe may use public transportation in his own custody	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for this period	If no, explain:	
Directing John Doe to have random blood or urine analysis for purposes of monitoring alcohol consumption and illicit drug usage, if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for this period	If no, explain:	

JOHN DOE'S RESPONSIBILITIES AND AUTHORIZATIONS

Please check appropriate box and explain, if necessary

Comply with all conditions of this conditional release	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Cooperate with all community providers as it relates to agency rules, regulations, recommendations and treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Participate in a substance abuse program as deemed appropriate by community providers at least twice per week, and provide proof of attendance at community meetings to conditional release supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of group(s): If no, explain:

May use public transportation in his own custody, after approval from conditional release supervisor and other community providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
	<input type="checkbox"/> N/A for this period		
May be transported and be a passenger in a motor vehicle driven by family members and inform community providers who is transporting him and for what purpose(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
	<input type="checkbox"/> N/A for this period		
May be transported by Ms. Doe for social purposes only and inform community providers when she is transporting him and the purpose of the trip	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
	<input type="checkbox"/> N/A for this period		
Inform conditional release supervisor of all medical appointments and medical recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
	<input type="checkbox"/> N/A for this period		
Inform conditional release supervisor of any missed meetings, sessions or absences from work	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
	<input type="checkbox"/> N/A for this period		
Maintain part-time employment at least 10-20 hours per week, which can be substituted if approved by conditional release supervisor with another viable day treatment program, volunteer work, educational pursuit or employment activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: Activity: Activity: Activity: If no, explain:	#hrs/wk: #hrs/wk: #hrs/wk:
Notify GBCMHC Center if unable to arrange transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
	<input type="checkbox"/> N/A for this period		
Provide Releases of Information (ROI), as requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Submit to a search of person, residence and property or Internet use by community providers or any law enforcement officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Inform any community provider of a change in mood or behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
	<input type="checkbox"/> No change for this period		

JOHN DOE'S RESTRICTIONS AND PROHIBITIONS*Please check appropriate box and explain, if necessary*

Obey all laws and promptly reported to conditional release supervisor the fact that he has been arrested for, charged with or questioned by any law enforcement agent regarding any matter	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
May not operate a motor vehicle until a thorough re-evaluation is performed and submitted to the Board	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	

May only be transported by Jane Arclaire for social purposes	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not use any alcoholic beverages	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not enter any establishment where the primary purpose of that establishment is the sale of alcohol	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not leave the state of Connecticut	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not use, possess, handle, traffic in, transport, or otherwise be involved with any illegal narcotics, dangerous drugs or controlled substances	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not use any medication without a prescription or use over-the-counter medication without notification to conditional release supervisor	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not own, use, possess, receive, transport or have access to any firearm, ammunition, defensive or other weapons including but not limited to his place of work, residence or residences of those he visits	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not knowingly associate or participate in any activities with persons known to carry weapons including but not limited to, his place of work, residence or residences of those he visits	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not knowingly associate with persons who have been arrested for, charged with, convicted of, or involved in any criminal activity without the prior authorization of his conditional release supervisor and notification to the Board	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	
Not gamble, which includes government-sponsored lotteries, or enter any casino grounds	<input type="checkbox"/> Complied	If did not comply, explain:
	<input type="checkbox"/> Did not comply	

TREATMENT FOCUS

For this reporting period, please identify the focus of treatment and briefly comment on progress toward treatment goals.

COMMENTS

Please comment on any observed behavioral changes or any significant events/stressors (i.e.: change in diagnosis, residential changes, loss of significant other, loss in family, change in treatment providers, etc.).

ALL TREATERS MEETING INFORMATION

Date of Last Meeting:

Date of Next Meeting:

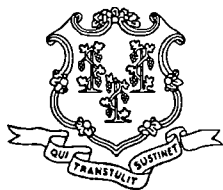
Time:

Location:

Conditional Release Supervisor

Date

SAMPLE



STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Report to the Psychiatric Security Review Board In accordance with Connecticut General Statutes Section 17a-586

Date of Report:	January 1, 2005	Date of Birth:	01/26/1949
Acquittee Name:	John Doe	Date of last MOD:	05/04/04
PSRB ID No.	0157	Commitment Term:	20 years
Court District:	Stamford-Norwalk	Commitment Expires:	06/01/2009
Commitment Date:	06/02/1989		
Recommitment Date:	N/A		
Criminal Offense(s):	Manslaughter in the First Degree		
Last Six-Month Report:	06/30/05		

CONFIDENTIALITY

At the onset of the evaluation, John Doe was informed that the examination was required by C.G.S. §17a-586 and ordered by the PSRB, that a report would be filed with the PSRB that testimony is periodically required and, therefore, the examination would not be confidential. Louis Kovacs stated that he understood this advisement, and agreed to proceed with the interview.

SOURCES OF INFORMATION

For the purpose of making this report, on 12/05/05, John Doe was evaluated at the Office of Forensic Evaluations in Middletown, CT, for approximately forty-five minutes by this writer. In addition, the undersigned met with John Doe and his community treatment providers during the 10/15/04 All Treeters Meeting; discussed his case with his Conditional Release Supervisor, Ms. Jane Doe, LCSW; and reviewed the following material:

1. Records from our office including Memorandum of Decision (MOD) by the Psychiatric Security Review Board (PSRB), dated 06/04/04, and previous Six-Month Reports;
2. Monthly Progress Reports to the PSRB

CURRENT DIAGNOSIS

Axis I:	295.30	Schizophrenia, Chronic, Paranoid
	300.20	Cannabis Abuse, in remission
	305.00	Alcohol Abuse, in remission
Axis II:	301.9	Personality Disorder, NOS
Axis III:		None clinically relevant
Axis IV:		Interaction with legal system/PSRB
Axis V:	GAF = 65	(Highest in the last six months)
	GAF = 65	(Currently)

Has there been a change in diagnosis (Axis I–III) since the last report? Yes [] No [X]

Explanation of change(s) in diagnosis.

CURRENT MEDICATIONS

Psychotropic Medication	Dosage	Method	Frequency
Clozaril 100 mg twice per day;	100 mg	Oral	Twice per Day

Other Medication	Dosage	Method	Frequency
<i>None</i>			

Has there been a change in prescribed medications since the last report? Yes [] No [X]

Explanation of change(s) in medication. N/A

INTERVIEW AND MENTAL STATUS

John Doe is a 56-year-old Caucasian male, who presented for this interview as well groomed and attired. No psychomotor abnormalities were noted. Throughout the examination, Mr. Doe maintained good eye contact with speech that was appropriately spontaneous, and average in intensity, rate, and production. His attitude toward this examiner was cooperative. and he easily engaged in a meaningful conversation pertaining to this evaluation. Mr. Doe denied being anxious, depressed, suicidal or homicidal. He denied any changes in energy level, sleep pattern or appetite, and no signs of paranoia were noted. His affect was slightly restricted and congruent with his stated mood. He denied any recent experience of perceptual disturbances, delusions, ideas of reference, paranoid thinking, or preoccupation. He denied having any thoughts, preoccupations, or cravings for the use of alcohol or any illicit drugs.

On cognitive examination, Mr. Doe was alert, and oriented to person, place, and date. He showed a good awareness of current events in the news. His memory functions appeared intact in that repeated the names of three objects immediately and after five minutes of an unrelated activity. His attention and concentration, as measured by his ability to recall six digits forward and five digits backward, were in the average range. He demonstrated good insight regarding his mental illness, medications, and his need for sobriety and a structured, healthy, style of life. He showed adequate understanding of the conditions in his MOD. Insight and judgment were good. John Doe's mental condition remains stable and consistent with his previous evaluation.

TREATMENT FOCUS AND PROGRESS

During this reporting period, the focus of Mr. Doe's treatment has been with continuing to increase his independent functioning while maintaining his clinical stability. There have been no evidences of acute psychiatric symptomatology, cognitive deterioration, lack of motivation, social withdrawal, or decline in ADLs. Mr. Doe's psychiatric needs appear to be adequately managed by his current treatment plan. eloped in conjunction with his treatment providers and he remains actively involved in his alcohol abuse recovery plan. He continues to be an active participant in his AA Meetings and Dual Diagnostic Groups. He continues to be monitored for any medical problems by Dr. Smith and his current physical health is reported to be stable. Mr. Doe continues to attend the different components of the Social Club on a daily basis, where he reinforces his coping and social skills, socializes, and receives peer and staff support. Mr. Kovacs has remained actively involved with his church group, has maintained a close relationship with his roommate, and had regular contacts with his relatives.

RISK ASSESSMENT AND RECOMMENDATIONS

Mr. Doe's primary risk factors include a history of paranoid thinking, substance abuse, non-compliance with treatment, and violence toward others. During this reporting period, there have been no evidence or reports of dangerous behavior or activation of risk factors. His illness remains well managed and he remains psychiatrically stable. He continues to be compliant with all treatment recommendations and conditions of his Memorandum of Decision. No increase in his level of risk has been reported, and regular progress continues to be made. Based upon the foregoing, it is the Office of Forensic Evaluations' assessment that Mr. Kovacs has remained clinically stable and in compliance with the conditions of his release plan. Further, he continues to suffer from a mental illness, which requires treatment and supervision; but, under the stipulations of his current treatment plan, he does not present a significant danger to himself or others at this time, and can remain in the community under the jurisdiction of the Psychiatric Security Review Board pursuant to his current commitment.

Respectfully Submitted,

Supervising Clinician
Office of Forensic Evaluations